

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Carlingford Nursing Home
Centre ID:	OSV-0000121
Centre address:	Old Dundalk Road, Carlingford, Louth.
Telephone number:	042 938 3993
Email address:	noirin@arbourcaregroup.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cooley Nursing Home Limited
Provider Nominee:	Donal O'Gallagher
Lead inspector:	Una Fitzgerald
Support inspector(s):	Mary O'Donnell
Type of inspection	Announced
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	8

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 June 2017 10:00 To: 13 June 2017 18:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 14: End of Life Care	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of a one day, announced inspection, the purpose of which was to monitor ongoing compliance and inform a registration renewal decision.

During the course of the inspection, the inspectors met with residents, relatives, staff and the management team in the centre. The person in charge and the provider nominee were present on the day of inspection. The views of all were listened to, staff practices were observed and documentation maintained was reviewed. Surveys completed by relatives were also reviewed.

Overall, the inspectors found that the care was delivered to a high standard by staff who knew the residents well and discharged their duties in a respectful and dignified way. The premises were homely, safe, suitably designed and laid out to meet the needs of the residents.

The management and staff were striving to improve outcomes for residents. A person-centered approach to care was noted. Residents were well cared for, had good access to health and social care services and expressed satisfaction with the assistance and support they received in the centre.

Management systems are in place within the centre that define the lines of responsibility and accountability. The provider nominee and the person in charge, along with their newly appointed ADON responsible for the governance, operational management and administration of services and resources demonstrated knowledge and an ability to meet regulatory requirements.

Actions required following the previous inspection in October 2016 had been satisfactorily addressed, and compliance with the regulations was found in most outcomes inspected. Of the 12 outcomes inspected 10 were found to be compliant/substantially compliant. Improvements were required in relation to the storage of stocks of medication and documenting decisions and wishes for end of life care.

The findings are discussed throughout the report and areas for improvement are outlined in the action plan the end of the report.

The provider confirmed that all staff and volunteers have completed Garda vetting.

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 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 consisted of the aims, objectives and ethos of the designated centre and details of the facilities and services that were to be provided for residents. The inspector found that it had been amended to reflect the changes in management personnel and accurately described the service that was provided in the centre and met the requirements of the regulations.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors found the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

Audits were being completed on several areas such as infection control, falls and medication management. The inspectors saw that action plans were progressed to support continuous quality improvement. The results of these audits were shared with the provider and at team meetings. The annual review of the quality and safety of care delivered to residents was completed and feedback from residents and their relatives was used to inform the annual review.

Data was also collected regularly on a number of key quality indicators such as the use of restraint and the numbers of residents with responsive behaviours, weight loss and wounds. This data was used to monitor trends and identify areas for improvement.

Regular residents' meetings were held regularly and this is discussed in more detail under Outcome 16. Resident and relative satisfaction surveys were also completed on an annual basis.

There was a clearly defined management structure that identified the lines of authority and accountability. There had been significant changes in the management structure in the centre since 2014 when the centre was last registered.

The person in charge was in post for over 12 months and worked fulltime in the centre. She was a suitably qualified and experienced nurse. She was supported in her role by the provider nominee who attended the centre on a weekly basis. She submitted a monthly report to the provider.

The person in charge provided evidence of on-going professional development appropriate to the management of a residential care setting for older people and she held a recognised management qualification.

The person in charge is supported in her role by an assistant director of nursing (ADON) who deputises in her absence. The inspectors met with the ADON and found that she was aware of the responsibilities of the person in charge and had up to date knowledge of the regulations and standards. She maintained her professional development by attending relevant training events and had recently completed a level 6 management programme.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspectors found that the records listed in Part 6 of the regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the regulations. The management team were aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written, centre specific operational policies required by Schedule 5 of the regulations. Team meeting were used to inform staff of any new or revised policies. There was a system in place to ensure that specific policies were read and understood by staff members.

Insurance cover was also in place.

All information requested by the inspectors was readily available.

Judgment:

Compliant

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

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. There was a current policy which provided guidance for staff on the various types of abuse, assessment, reporting and management of allegations or incidents of elder abuse. Staff confirmed and training records indicated that staff had attended training on the prevention, detection and response to abuse. Staff who spoke with inspectors were knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting structures in place. There were systems in place to ensure that

allegations of abuse were investigated, and that pending such investigations measures were put in place to ensure the safety and welfare of residents.

During interviews with inspectors, residents confirmed that they felt safe. Those who completed questionnaires also confirmed that they were safe and relatives were satisfied that residents were protected from harm and were safe in the designated centre.

A restraint free environment is promoted in line with the national policy. This was described and demonstrated in practice. The policy was implemented in January 2017. Monthly reviews of bedrail use was maintained and recorded within a restraint register. The person in charge or her deputy review the use of restraint with the resident and their families at intervals of every 3 months or more frequently if clinically indicated. Each resident had a comprehensive risk assessment carried out. Alternatives were available such as low low beds and crash mats. The restraint register was reviewed and on the day of inspection, there was a total of seven residents using bedrails on both sides of the bed. All seven residents had requested this and consent was obtained in writing. As required from the last inspection a records of the duration of restraint and safety checks or releases were recorded for each of the seven residents.

A policy on responsive behaviour management had been implemented in April 2017. The centre currently has four residents with responsive behaviours care plans. The triggers were documented in the care plans and de-escalation techniques were also documented to guide practice. Staff spoken to were knowledgeable on the residents and were able to describe intervention management appropriate to individual residents. Residents were provided with support and distraction techniques that promoted a positive approach to potential responsive behaviour. Each episode of responsive behaviour is documented in an ABC chart and this is then used by the clinical team to inform the management of residents care. Inspectors also saw evidence of good support from the multidisciplinary team and the community psychiatry team. Recommendations made were acted upon in a timely manner. The centre also had a register on the usage of chemical restraint. The use of PRN (as required) medicines to alter mood was recorded to include the rationale and effect. Medicine prescribed on a PRN basis was subject to regular review by the clinical team. During the inspection staff approached residents in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

Systems and arrangements were in place for safeguarding resident's finances and property. The centre currently acts as a pension agent for a number of residents.

Judgment:

Compliant

***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):

Findings:

Overall inspectors were satisfied that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

Some improvement was required to ensure that interventions to mitigate clinical risk were appropriately monitored. For example inspectors noted that two residents at risk of developing pressure sores were using pressure relieving mattresses which were set inappropriately for the residents' weight. An action relating to this is included in outcome 11.

Inspectors read the risk management policy which met the requirements of the regulations.

There was a health and safety statement in place. An inspector read the emergency plan and saw that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage. Alternative accommodation for residents was specified should evacuation be required.

Appropriate procedures for fire detection and prevention were in place. Service records indicated that the fire alarm system, emergency lighting and fire equipment were serviced in line with national guidelines. Inspectors noted that the fire alarm system was in working order and fire exits were unobstructed and they saw documentary evidence of daily checks. All staff had fire safety training and fire safety was covered in the induction of new staff. Fire drills were carried out on a regular basis and detailed records were maintained. However it was not evident from the records or from speaking with staff that a fire drill had been undertaken to simulate night time staffing levels.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

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

Audits and monitoring of practices was described and seen recorded. Areas for improvement identified in the last audit required further follow up. For example the audit results had identified that PRN medications were not consistently signed for at the time of administration. On the day of inspection subcutaneous fluids had been commenced at 10.10 in the morning for one resident and on review of the file at 14:00 there was no signature that the infusion had commenced, the volume infused or any record of the administration in the resident's medication kardex or the fluid balance chart. This was discussed with the person in charge and addressed immediately.

Medication errors recorded were minimal, two in total for 2017. Learning from incidents was communicated to the clinical team and reported errors informed improvements to protect residents.

Systems were in place for the ordering, supply and dispensing methods. There were appropriate procedures for the delivery and collection by the pharmacy, and checking, storage, return and disposal of medicines by nurses.

The processes in place for the stocking and storage of controlled drugs required review. The centre was in possession of medicines requiring additional controls that were held as 'stock' and had not been supplied on foot of a prescription issued in the names of individual residents in the centre. This practice is not in accordance with the Misuse of Drugs Regulations 2017. This was discussed with the provider nominee and person in charge who will engage with the pharmacy and resolve the storage as a matter of priority.

Nursing staff were observed as they administered medications. Residents were unhurried and reminded of the purpose of the medicines administered. A system was in place for a regular prescription review by the resident's general practitioner (GP) and pharmacist.

Judgment:

Non Compliant - Moderate

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

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily

implemented.

Findings:

Residents' health care needs were met through timely access to medical services and appropriate treatment and therapies. Arrangements were in place to meet the health and nursing needs of residents. Access to a general practitioner (GP) and allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language, dental and ophthalmology services were made available when required.

Residents had access to allied health care services. There was good evidence within the files that advice from allied healthcare professionals was acted on in a timely manner. For example in one file reviewed the specialist psychiatric team had advised multiple changes in medication management. The general practitioner reviewed the resident and their medications the same day. The community specialist nurse also reviewed the resident. Care plans were updated to reflect the changes as a result of reviews.

Pre-admission assessments were carried out and recorded. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was maintained and shared between providers and services.

In the main, assessments and clinical care accorded with evidence based practice. Residents had been assessed to identify their individual needs and choices. Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. Wound management practices were reviewed. and found to be satisfactory. An inspector tracked a resident who was admitted with a pressure related ulcer and found the wound had been appropriately managed and was healing. Systems were in place to avoid unnecessary admissions to hospital. for example the administration of subcutaneous fluids to prevent dehydration.

Each resident had a care plan in place. From a sample of resident files reviewed, there was evidence of a comprehensive assessment of needs carried out. Each care plan was reviewed and evaluated at intervals not exceeding four months as per the regulations. There was good evidence contained within the communication sheet that the resident and families were consulted with and in agreement with the plan of care.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The purpose built centre was bright, furnished to a high standard and clean throughout. There were appropriate pictures, furnishings and colour schemes. The maintenance and refurbishment programme was on-going. Some bedrooms had been completely refurbished and plans were in place to complete other rooms. Since the previous inspection the three bedded room had been refurbished and the revised layout provided adequate personal space and storage for the residents clothing, including secure storage for valuables. Most of the worn furniture identified on the previous inspection had been replaced during the refurbishment programme.

Currently there are 33 single and 3 twin bedrooms with full en-suite facilities including a shower, toilet and wash hand basin. One twin room and a three bedded room have wash hand basins and are close to bathroom and shower facilities. Relatives were encouraged to personalise residents bedroom with photos, flowers and furnishings. Many of the rooms were beautiful and others were quite bare and devoid of pictures of personal items. Improvement was required to support residents who did not have family support to personalise their rooms.

Communal accommodation included a day room, a dining room, an oratory, a smoker's room, a sluice room, a laundry, a cleaner's store and a linen room along with a central kitchen, a nurses station, a manager's office and staff facilities.

The inspectors saw ongoing improvements to make the premises more dementia friendly. Two rooms had recently been amalgamated to create a large day room with an attractive kitchenette and a large mural of a traditional kitchen scene on one wall. Coat hangers in communal areas held handbags and scarves. The foyer has a sitting room suite and there are seating bays along all the corridors to allow residents to rest while walking. Toilet and bathroom doors were painted yellow and corridors were painted in separate colours to support way finding. The bedroom doors are numbered and there is room for further improvements in relation to signage and the provision of unique identifiers on bedroom doors to support orientation and way finding.

Arrangements were in place for the disposal of general domestic and clinical waste.

Residents had access to a well-maintained enclosed garden. Most of the bedrooms had views of green areas including wildflower areas.

There was ample parking space at the front

Judgment:

Substantially Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Staff provided end-of-life care to residents with the support of their GP. Access to the community palliative care services was available if required. The centre had a End of Life care policy dated February 2017. While some improvements were evidenced and actioned from the last inspection the implementation of the policy required further attention.

Inspectors reviewed a sample of residents files. In all files reviewed there was a document titled 'End of Life Care Plan'. This document guided the clinical team on areas that required discussion but the specific detail of residents wishes contained within the agreed actions section required further development. For example residents preference of place of death or their social, psychological and emotional needs were not documented within any of the files reviewed. The ongoing communications sheet which records conversations had with families did record that conversations had with families had occurred but the detail was not recorded.

The centre required a full review of the documentation. Staff told inspectors that the expressed views of residents and relatives were communicated to their doctor, however, a record to demonstrate decisions regarding providing or withholding active or life sustaining treatment such as cardio pulmonary resuscitation status was not consistently recorded in the medical files examined. This gap had been identified by the person in charge and inspectors were shown drafted documents that evidence some progress made to date.

Judgment:

Non Compliant - Moderate

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were provided with food and drink at times and in quantities adequate for their needs. The food was properly served and presented in an appetising way.

There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. Residents confirmed their satisfaction with mealtimes and food provided. The dining room was very spacious and a mural on the wall created an atmosphere of homeliness.

Documentation showed that staff were knowledgeable of the nutritional care needs of the residents. Food charts and fluid balance charts were reviewed and in the main the detail contained was adequate including portion sizes.

Staff members and records confirmed that there was good communication between catering and care staff so as to ensure that appropriate meals which met residents' needs were served.

Documentation in the residents' care plans examined by the inspector showed that residents were weighed on a monthly basis.

Care plans contained assessments regarding nutrition and detailed residents' requirements and preferences. Referrals to Allied health professionals such as general practitioner, speech and language and dietician were evident in the documentation.

Judgment:

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Inspectors was satisfied that residents were consulted about relevant issues pertaining to how the centre was run and were enabled to make choices about their daily lives. Residents received care in a dignified way and appropriate screening had been installed in the three twin bedrooms since the previous inspection.

Inspectors were satisfied that each resident's privacy and dignity was respected. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. There were curtains on glazed sections of bedroom doors to provide privacy. There was no evidence that communal toiletries were in use, this had been an issue on the previous inspection. The inspectors observed nurses, healthcare and household staff interacting with residents in a courteous manner.

Residents' civil and religious rights were respected. Mass was celebrated in the centre on a weekly basis and residents were also supported to attend religious services in the community.

A residents' committee had been established and regular meetings were held on a three monthly basis. The inspectors read some of the minutes and saw that when residents had made some recommendations these had been acted upon. A small shop in the foyer had been set up at the recommendation of the residents. Residents had access to advocacy services and a SAGE advocate attended the residents meeting in March 2017 and provided information about residents rights. The person in charge met with each residents on a daily basis and was available to visitors. Relatives and residents told inspectors that they found the person in charge to be accessible and they could raise any issues of concern with her.

Residents with communication needs had care plans in place. Residents had a notice to remind staff about which colour glasses a resident wore for reading or for distance. Tactile stimulation was used effectively to communicate with some residents who had advanced dementia. Residents all had life story page on file and this facilitated staff to get to know the resident as a person. Residents interests and hobbies were used to inform the activity programme. Inspectors saw the programme had a varied range of activities including bingo, arts and crafts, music and gardening. A full time activity co-ordinator planned and facilitated activities with support from the care staff. External agents were also employed for music and various fitness programmes. The day room had been enlarged and a social kitchen installed to facilitate domestic type activities and baking. Residents were provided with local and national daily newspapers. Each resident had a television set.

Visiting was unrestricted and there were a variety of spaces for residents to meet with visitors in private.

Residents had free access to a well maintained internal courtyard and monthly trips to local places of interest was part of the social programme.

Judgment:
Compliant

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):

No actions were required from the previous inspection.

Findings:

Staffing levels and the skill mix on the day of inspection were sufficient to meet the social and healthcare needs of the residents.

Care staff spoken too voiced that at times they felt under pressure and had limited time to deliver individualised person centered care. This view was supported by family members in a number of the feedback surveys sent into the authority. The management team review the staffing compliment on a regular basis and dependency levels of residents if factored into decisions on the staffing compliment on duty to ensure that all healthcare needs of the residents are met.

Recruitment procedures were in place and samples of staff files were reviewed against the requirements of schedule 2 records and found to be compliant. Inspectors saw evidence that arrangements for Garda vetting and supervision of staff which included induction and appraisal were in place. Staff were seen to be supportive of residents and responsive to their needs. Requests and residents' alarm bells were promptly responded to by staff during the inspection.

In preparation for the inspection, relatives had completed five questionnaires regarding the centre. In these questionnaires, respondents were complimentary regarding the management and care staff. The inspectors also spoke with a number of residents, visitors and relatives, who were all complimentary of the staff and of the care that was provided. In discussions with the inspectors, residents confirmed that staff were supportive and helpful.

A mandatory and relevant staff training programme was in place and a record of training for all staff was available. Mandatory training such as moving and handling, fire training and the prevention, detection and management of abuse had been provided and all staff had up to date training. Manual handling practices observed were safe and appropriate, with assistive equipment available for use.

Staff were seen to be kind and friendly towards all residents and respectful towards their privacy and dignity, for example, knocking on residents' bedroom doors and waiting for

permission to enter, introducing themselves and explaining procedures in advance.

There were no volunteers working within the centre.

Judgment:

Compliant

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.

Report Compiled by:

Una Fitzgerald
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Carlingford Nursing Home
Centre ID:	OSV-0000121
Date of inspection:	13 th June 2017
Date of response:	6 th July 2017

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 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:

There was no evidence that a fire drill which simulated night time staffing levels had been carried out.

1. 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

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

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:

A simulated night time fire drill is planned before 30/06/2017.

Proposed Timescale: 30/06/2017

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:

PRN medications were not consistently signed for at the time of administration.

2. 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:

This refers to a sub-cut fluid PRN that commenced on the day of the inspection. The duty nurse had not documented this PRN up to the afternoon of the day in question. All RGN's have been reminded of the need to ensure timely checks and resulting documentation for the future.

Proposed Timescale: 23/06/2017

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The processes in place for the stocking and storage of controlled drugs required review. The centre was in possession of medicines requiring additional controls that were held as 'stock' and had not been supplied on foot of a prescription issued in the names of individual residents in the centre. This practice is not in accordance with the Misuse of Drugs Regulations 2017.

3. Action Required:

Under Regulation 29(2) you are required to: Facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.

Please state the actions you have taken or are planning to take:

The additional controls medications that were part of stock medications at the time of the inspection were removed from the premises on the following day – 14/06/2017. Following a discussion with our attending pharmacist we are confident of full compliance in the future.

Proposed Timescale: 14/06/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Many of the rooms were beautiful and others were quite bare and devoid of pictures of personal items. Improvement was required to support residents who did not have family support to personalise their rooms.

The bedroom doors are numbered and there is room for further improvements in relation to signage and the provision of unique identifiers on bedroom doors to support orientation and way finding.

4. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:

All residents and their families are encouraged to personalise their bedrooms to the fullest extent possible. Unfortunately many residents and their families have difficulty in personalising the bedrooms in fear of this being unsettling due to the permanent implication of same.

The nursing home provides fully furnished rooms of a very high standard and following initial periods of the residents stay we will add many decorative "bits and pieces" as time goes by.

Carlingford plans constant improvement in all aspect of the operation on an on-going basis. This includes a current refurbishment of all bedrooms as allowed when bedrooms become vacant. As part of the current refurbishment of the rooms and environment we will consider improvements that will benefit the residents with orientation and way finding. Signage will be implemented on doors where appropriate immediately.

Proposed Timescale: 30/08/2017

Outcome 14: End of Life Care

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

While some improvements were evidenced and actioned from the last inspection the implementation of the End of Life care policy required further attention. Care plans examined did not address the residents physical, spiritual, psychological, social and emotional needs.

The centre required a full review of the documentation. Staff told inspectors that the expressed views of residents and relatives were communicated to their doctor, however, a record to demonstrate decisions regarding providing or withholding active or life sustaining treatment such as cardio pulmonary resuscitation status was not recorded in the medical files examined. Staff could not inform the inspectors were to retrieve the residents resuscitation status in the event of a deterioration. This gap had been identified by the person in charge and inspectors were shown drafted documents that evidenced some progress made to date.

5. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:

There is a formal system in place to elicit and record residents wishes and preferences for location for end of life care and this is identified in our End of life Policy.

We also do have an End of Life care plan which to date also includes a reference to resuscitation. We agree that it required a review to ensure that the level of detail is improved. We have already completed the review of the policy in May 2017 and are now looking at the end of Life and resuscitation forms which will inform better detail in the person specific End of life Care Plan.

We do have an End of Life care plan which to date also includes a reference to resuscitation. We agree that it required a review to ensure that the level of detail is improved.

Completion of new End of Life care plans and Resuscitation instruction forms are to be introduced in the coming month following a review of our current form which does not detail sufficient information or contributions. As end of life is such a sensitive issue for residents and relatives alike we are trying to develop a more compassionate form that will at a minimum elicit the required discussions between all concerned parties. We will ensure that the required details are signed off following input from the resident, their families if appropriate, their GP and the senior nursing team.

Proposed Timescale: 31/07/2017

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was no operational system in place to elicit and record residents wishes and preferences for location for end of life care.

6. Action Required:

Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

Please state the actions you have taken or are planning to take:

There is a formal system in place to elicit and record residents wishes and preferences for location for end of life care and this is identified in our End of life Policy.

We also do have an End of Life care plan which to date also includes a reference to resuscitation. We agree that it requires a review to ensure that the level of detail is improved. We have already completed the review of the policy in May 2017 and are now looking at the end of Life and resuscitation forms which will inform better detail in the person specific End of life Care Plan.

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Proposed Timescale: 31/07/2017