# Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name</th>
<th>Arus Carolan Community Nursing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID</td>
<td>OSV-0000656</td>
</tr>
<tr>
<td>Centre address</td>
<td>Castle Street, Mohill, Leitrim.</td>
</tr>
<tr>
<td>Telephone number</td>
<td>071 963 1152</td>
</tr>
<tr>
<td>Email address</td>
<td><a href="mailto:geraldine.mullarkey@hse.ie">geraldine.mullarkey@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre</td>
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<tr>
<td>Registered provider</td>
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<tr>
<td>Lead inspector</td>
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<td>Support inspector(s)</td>
<td>Geraldine Jolly</td>
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<td>Number of vacancies</td>
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Health Information and Quality Authority
Regulation Directorate

**Compliance Monitoring Inspection report**

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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.

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: 05 January 2018 09:30  To: 05 January 2018 19:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Compliant</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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Summary of findings from this inspection
The centre was initially registered (14 June 2012) by the Health Information and Quality Authority (the Authority) to accommodate 40 residents. Following an application in June 2015 to vary the registration the total number of residents to be accommodated was reduced to 37 residents. The registration of the centre expires on the 13 June 2018. This application for renewal of registration is seeking approval for 36 residents. On the day of the inspection there were 2 vacancies and one resident was in hospital.
On inspection, documentation/records as required by the legislation were reviewed, the views of residents, relatives, and staff members were obtained and practices were observed.

Prior to the inspection the provider was requested to submit relevant documentation to the Authority, for example, the application form, floor plans and statement of purpose. Inspectors found that the floor plans did not exactly highlight the footprint of the designated centre and amendments were required to be made to the statement of purpose. These matters have already been addressed since the on-site inspection visit.

As part of the regulatory process and as required satisfactorily fit person interviews of the provider representative and person in charge were conducted. Since the initial registration inspection the provider and persons participating in management have responded in a positive manner to bring about compliance with the legislation, regulations and standards. Following this inspection a telephone interview was conducted with the staff member nominated to manage the centre in the absence of the person in charge. This was satisfactory. The registered provider representative and person in charge were available during the inspection and facilitated the process.

Matters arising from the previous thematic inspection carried out on 14 December 2016 were adequately addressed. Primarily these related to refresher training in safeguarding, the development of stimulating activities, a medication error and sufficiency of care staff in the evenings.

Residents and relatives were positive in their feedback to the Authority and expressed satisfaction about the facilities and the services and care provided. They were complimentary about all aspects of residents’ care and the support provided by staff and management.

Governance and management of the centre was reviewed and there were effective management systems and sufficient resources in place to ensure the delivery of safe, quality care services. There was a clearly defined management structure that identifies the lines of authority and accountability. Staff of various grades was aware of the organisational structure of the centre and the ethos and principles underpinning the provision of nursing and social care in the designated centre. An annual review was completed for 2017 and a quality improvement plan was being implemented.

There were measures in place to protect residents from being harmed or suffering abuse and information received confirmed that residents felt safe in the centre.

The inspectors found from an examination of the staff rosters, communication with staff on duty and residents and relatives that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. There was evidence that staff had access to education and training, appropriate to their role and responsibilities. However, further training in restraint was identified.
Residents had good access to nursing, medical and allied health care. However documentation in relation to the care planning process requires further improvement. Residents’ assessed needs and arrangements to meet these assessed needs were set out in individual plans. The management of medicines was satisfactory with the exception of administering medicines from a general supply.

Inspectors saw that there were good opportunities for residents to participate in activities, appropriate to their interests and capacities.

While there was a comprehensive risk management policy in place inspectors identified some risks which have not been identified, assessed and therefore appropriate action had not been taken.

The premises was suitably designed and laid out to meet the needs of the residents. Inspectors found that it was maintained to a good standard.

The action plan attached to this report highlights the areas of non-compliance and these primarily relate to the identification and management of risks and documentation.
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 provider was aware of the need to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

The statement of purpose had been reviewed since the last inspection. Scrutiny of this document showed that it detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations. However, information regarding the provision of day care was not clear and review of care is on a four monthly basis or sooner if required as opposed to three monthly. An amended copy of the statement of purpose was received by the Authority.

The floor plan provided prior to the inspection was not fully accurate in respect of the footprint of the designated centre, however, this was amended and has been received by the Authority.

**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 that the statement of purpose clearly defined the management structure highlighting the lines of authority and accountability, staff roles and responsibilities for the areas of care/services provision. Staff were familiar with their duty to report to line management.

Management had systems in place to capture statistical information in order to compile an annual review of the quality and safety of care delivered to residents. For example audits were carried out and analysed in relation to accidents, complaints and skin care. A quality of care report for 2017 was made available to the inspectors. This contained a quality improvement plan.

Information obtained highlighted that there were sufficient staff on duty to meet the needs of residents and there were sufficient resources to ensure the effective delivery of care.

Interviews of residents and relatives during the inspection, examination of questionnaires completed for the Authority and satisfaction surveys from residents and relatives were positive in respect of the provision of the facilities and services and care provided.

There was evidence of consultation with residents and their representatives in a range of areas, for example, the assessed needs of residents, the care planning and review process, involvement in social and recreational activities and meals provided.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
Each resident had a written contract. Inspectors examined randomly a selection of residents' contracts. These had been agreed with the residents and or their family and included details of the services provided, the fees charged and services which incurred an additional charge.

Each resident was issued with a resident's guide. This contained relevant information,
about the services and facilities of the centre, for example, information in relation to contracts of care, local amenities, procedures regarding visitors to the centre, making complaints and the means by which residents can contribute to their care and participate in the day to day running of the centre.

**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 centre was being managed by a suitably qualified and experienced nurse who has authority in consultation with the provider representative. She is accountable and responsible for the provision of the service on a day-to-day basis.

The person in charge is a registered general nurse, has experience of working with older persons and works full time.

During the inspection she demonstrated that she had knowledge of the regulations and Standards pertaining to the care and welfare of residents in the centre.

She is supported in her role by nursing, care, administration, maintenance, kitchen and housekeeping staff, who report directly to her and she in turn to the registered provider representative.

Management had facilitated the inspection process by providing documents and had good knowledge of residents’ care and conditions. Staff confirmed that good communications exist within the staff team and relatives and residents highlighted the positive interactions and support provided by the entire team.

**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
**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 the legislation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Examples of such documents are as follows:
- The information to be held in respect of members of staff (four staff files were examined and found to be satisfactory).
- Individual residents’ assessments.
- The centre's insurance was up to date and provided adequate cover against accidents or injury to residents, staff and visitors.
- Records of the food provided and visitors to the centre.
- The directory of residents included all the information specified in Schedule 3.
- A record of incidents, pressure ulcers and of treatment provided and a record of accidents.
- Records of all money or other valuables deposited by a resident for safekeeping.
- A record of complaints.
- Records in relation to staffing and
- Fire safety records.

It was noted that some residents’ notes pertaining to personal information was stored on the bed rails of some residents’ beds.

The registered provider confirmed in the application that all the written operational policies as required by schedule 5 of the legislation were available. Inspectors verified this on a random basis.

**Judgment:**
Substantially Compliant

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**Outcome 06: Absence of the Person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The provider representative/person in charge was aware of their responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the centre and the arrangements in place for the management of the centre during her/his absence.

The two deputising persons in charge are nurses with a minimum of 3 years experience in the area of geriatric nursing with in the previous 6 years and have experience of providing care to older people and deputising when the person in charge was not available.

A fit person interview (per telephone) with one of the nurses was carried out following the inspection and this was found to be satisfactory.

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:
The matter arising from the previous inspection which related to refresher training in safeguarding was actioned. The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Staff were fully knowledgeable regarding reporting the procedures and what to do the in the event of a disclosure about actual, alleged, or suspected abuse.

Other measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences. The person in charge during discussions with the inspectors clearly demonstrated her knowledge of the centre’s policy and was aware of the necessary referrals to external agencies.

Great emphasis was placed on residents’ safety and inspectors saw that a number of measures have been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment.
For example there was a keypad lock on the main entrance of the centre but internally
all other communal areas were accessible to residents. Inspectors saw that there were facilities in place to assist residents to be mobile for example grab rails in toilets and bathroom areas.

During interviews with the inspectors residents confirmed that they felt safe in the centre due to the measures taken and relatives confirmed that they were satisfied that residents were protected from harm and were safe in the designated centre.

There were measures in place to manage and respond to the 8 residents who displayed responsive behaviours. These measures were not restrictive. However, an examination of some behavioural care plans identified that in some instances the care plan was insufficiently specific regarding the controls/interventions necessary to address the responsive behaviours and therefore it was difficult to see if there were good outcomes for residents. Four monthly reviews did not quantify the number of episodes of behaviours and therefore it was not possible to gauge if the interventions were positive or required to be changed. See outcome 11 for action plan.

The person in charge has undertaken training in management of restraint and a number of measures have been introduced to reduce restraint including the trialling and use of low beds and other alternatives. However, all staff had not participated in relevant training and did not have up-to-date knowledge in the management of restraint. The person in charge was aware of this and was considering appropriate action.

There were systems and practices operating regarding where restraint was used for example, in the interests of safety, nine residents had bedrails and one resident was assessed for using a lap belt. The documentation showed consultation with the resident or the resident’s relatives, the general practitioner and the nurse in charge. Reviews of restraint measures were evident and records were maintained.

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

Findings:
The matters arising from the previous inspection related to a medication error and fire safety records did not reference fire drills. These matters were satisfactorily actioned.

Arrangements were in place for investigating and learning from two medication errors which occurred on the 10 July 2017 and 27 November 2017. Actions to prevent re-occurrences included all staff have participated in medication management training, a
new drug trolley was provided and a staff nurse is available to assist the general practitioner while reviewing and prescribing residents’ medicines. Inspectors noted that the staff nurse administered medicines to long-term residents from a general supply as opposed to having an individual supply for each resident. This has potential risks and is more difficult to audit. The person in charge agreed to review this practice with a view to introducing and trialling a different system.

The Authority received two notifications (March and November 2017) in respect of residents being absent from the centre. This was reviewed and systems were put in place to prevent further reoccurrences for example staff were made aware of the incidents and were more vigilant operating 15 minutes unobtrusive checks and ensuring that aids and equipment were in good working order. There have been no further notifications in respect of residents being absent from the centre.

From a review of the risk management documentation in the centre, inspectors found that the centre had relevant policies in place relating to risk management.

While there was a comprehensive risk register which identified the risks and put controls in place either to minimise or fully control the risk the following risks were identified:

- Vehicles were parked at that the front of the centre in the emergency evacuation pathway leading to the designated fire assembly point.
- There was no handrail between bedroom number 13 and the shower room.
- It was difficult for residents using a mobility aid to enter the smoking room via double doors.

Assessments had been carried out with regard to clinical risks such as moving and handling, falls and residents’ swallowing.

There was an up to date health and safety statement and related policies and procedures.

Inspectors reviewed the emergency plan and found it to be sufficient to guide staff and management in their roles and duties in the event of an emergency evacuation. Arrangements were in place with a facility identified in the event of an emergency evacuation of the centre.

There was a clear personal emergency evacuation plan (PEEP) for each resident that identified the resident’s cognitive and mobility levels and requirements for assistance in the event of an emergency evacuation either during the day or night time.

Inspectors reviewed logs of daily, weekly, monthly, quarterly and annual checks and tests by the staff and by external organisations and found them to be well recorded and clearly maintained.

Certification and inspection documents were available on fire fighting equipment service, emergency lighting tests and fire drills that were conducted as part of staff fire safety training. It was noted that all staff working in the centre had received fire safety training in the past 12 months.
There were fire doors fitted with electronic or magnetic hold open devices which would close in the event of an emergency situation.

Emergency exit and fire assembly points were clearly indicated.

Infection control precautions within the centre were mainly satisfactory. The centre was clean and household staff were able to describe the infection-control procedures in place. It was noted that a shelf above a radiator in the ensuite of room number 18 did not have a surface which could be cleaned and therefore presented a risk of infection.

Judgment:
Non Compliant - Moderate

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:
The inspectors were informed by a staff nurse administering medicines to residents that the medication policy and procedures were useful guides in the management of residents’ medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

Prior to administering medicines to residents the inspectors observed the staff nurse consulting with residents while administering medicines and performing good hand hygiene.

Prescription and administration sheets were available. Inspectors saw that the administration sheet contained the necessary information for example the medication identified on the prescription sheet, a space to record comments and the signature of the staff nurse corresponded to the signature sheet.

There was evidence of general practitioners (GPs) reviewing residents’ medicines on a regular basis. The inspectors were informed and saw that an audit of the system had been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it. See outcome 8 for details of medication errors.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning/end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspectors examined medicines available and this corresponded to the register.
**Judgment:**
Compliant

### 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):**
No actions were required from the previous inspection.

**Findings:**
The record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspectors found that incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify the Authority of notifiable incidents within three days.

Quarterly reports were provided, where relevant, for example accidents and incidents involving evacuation.

**Judgment:**
Compliant

### 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):**
No actions were required from the previous inspection.

**Findings:**
There were 34 residents accommodated at the time of inspection including one resident in hospital. Many residents were noted to have a range of healthcare issues. Thirteen residents were assessed as having maximum dependency, 16 residents were assessed as having a high/medium dependency with five residents assessed as being low/independent. Eight residents were identified with a dementia related condition as their primary or secondary diagnosis. The majority of the residents were residing in the centre for long term care. Four residents were accommodated for a period of respite or convalescent care.
From an examination of a sample of residents' care plans, discussions with residents, relatives and staff, inspectors were satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. Residents had care plans for agitation and mood fluctuations. Care plans described well each resident’s independence and the level of assistance and support required in terms of personal care, mobility and nutritional needs. However, in some instances the dates were not specific with regard to the review of a care plan or if a care plan was newly devised to meet a need or if it was discontinued. An examination of a resident’s communication care plan was insufficient to guide staff.

There was information which detailed residents' choices with regard to daily routines, risk assessments such as dependency, nutrition and continence.

Relatives confirmed that staff informed them of their relatives’ health care needs and any changes in their conditions.

There were arrangements in place to manage and monitor wounds, however, there were no residents with wounds or pressure sores.

Assessments were carried out in relation to residents’ weight. There were measures in place to address the needs of four residents who were assessed with weight loss. These measures included a referral to the dietician and the residents’ general practitioner and implementation of their recommendations. Residents were weighed on a monthly basis, however, this was carried out on a weekly basis if it was considered necessary.

There was evidence of appropriate medical and allied health care for example, referrals to the dietician, occupational and physio therapists and speech and language therapists. Access to the optician and dentist was facilitated. The doctor visited each week-day to review residents. When needed, residents were transferred to hospital for investigation and treatment. Residents were facilitated to attend specialist medical appointments. There was an out-of-hours GP service available at weekends.

The needs of prospective residents were assessed through a multidisciplinary forum to ensure their needs could be met. Some residents admitted for long term care were well known to the management team having being admitted for periods of respite care or having attended the day service attached to the centre.

Judgment:
Substantially 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.
<table>
<thead>
<tr>
<th>Theme:</th>
<th>Effective care and support</th>
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</thead>
<tbody>
<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
<td>No actions were required from the previous inspection.</td>
</tr>
<tr>
<td><strong>Findings:</strong></td>
<td>Inspectors found the premises to be designed and laid out to meet the needs of the residents, and all parts of the building and grounds were accessible for residents using wheelchairs.</td>
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<tr>
<td></td>
<td>The purpose-built building was well maintained, warm, comfortably decorated and visually clean. There was a good standard of décor.</td>
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<td></td>
<td>Communal accommodation consists of a spacious hallway, large day/activities room, oratory, dining room located beside the kitchen and hair dressing and meeting rooms. The dining and sitting rooms were pleasantly decorated and furnished.</td>
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<td>Bedroom accommodation consists of 11 single bedrooms, two of which have an ensuite, 3 three bedded rooms and 3 two bedded rooms. All bedrooms have hand washing facilities. There was adequate space for storage of personal belongings, including lockable storage for valuables. Residents were encouraged to bring in their own personal mementos and furnishings.</td>
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<td></td>
<td>There were a sufficient number of toilets and showers provided for use by residents including toilets located adjacent to the day room. Bedrooms were numbered. There was good signage to direct residents to the corridor on which their bedroom was located and to the communal areas.</td>
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<td></td>
<td>Grab-rails are provided alongside toilet, showers and wash hand basins with the exception of the one area identified in outcome 8. Resident call alarms are fitted in ensuites and bathrooms.</td>
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<td>The design of the building internally had an open aspect providing an opportunity for residents to walk around the building and access the courtyard garden as they wished.</td>
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<td></td>
<td>The building was sufficiently heated and ventilated with plenty of natural light.</td>
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<td>The centre had residents' artwork and photos from events and outings displayed on the walls. Residents, relatives and visitors to the centre highlighted the homely nature of the centre.</td>
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<td></td>
<td>Medication storage rooms, cleaner's stores and sluicing facilities were secured and kept in good order.</td>
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<td>The premises were safe and secure, with a contained garden and electronic external door locks that did not overly restrict residents' movement. Close-circuit television (CCTV) was present in the centre but camera devices were subtly placed, and notices of</td>
</tr>
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</table>
their presence were posted.

There was adequate car parking in the grounds.

**Judgment:**
Compliant

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**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:**
There was a written operational policy and procedure relating to the making, handling and investigation of complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position and residents and relatives who communicated with the inspectors were aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction.

The inspectors examined the complaints record and there were no serious complaints as it was the policy of the centre to address complaints through the local resolution process.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
Although there were no residents receiving end of life care at the time of the inspection it was evident that there were policies procedure systems and practices in place which highlighted that end of life care was person centred and respected the values and preferences of residents.
Staff described the policy and protocols in place for the end of life care and confirmed that there was an end of life care plan for residents. Care planning assessments related to the resident’s physical, emotional, psychological and spiritual needs. Risk assessments in relation to eating and drinking, nutritional screening and pain management were available.

There was documentary evidence of interventions and treatments to support the resident at end of life in the centre, for example availability of general practitioner, out of hours service, palliative care team and the use of oral antibiotics.

The person in charge was fully aware about obtaining information regarding the arrangements that would be in place following a resident’s death.

**Judgment:**
Compliant

### 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:**
There was a policy on food, nutrition and hydration management.

The nutritional needs of residents were well met. All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly.

Residents were provided with food and drink at times and in quantities adequate for their needs. The food was properly served. Menus showed a variety of choices and meals. A record of residents who were on special diets such as diabetic, fortified meals or those requiring a modified consistency or fluid thickeners was available.

There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence and appropriate equipment was provided to support this. Residents confirmed their satisfaction with mealtimes and food provided. Relatives were positive in their comments about the mealtimes.

The majority of residents use the dining rooms which are spacious and inspectors heard from residents that they were satisfied with the dining experience.
The training record showed that staff had been trained in the nutritional needs of the elderly. This included weight loss and gain, what to do when changes occur, dysphagia and the completion of food and fluid records.

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

Snacks and beverage were offered to residents at intervals between main meals and visitors to the centre were offered refreshments and/or a meal. Water dispensers and fresh fruit were available.

**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:**
The matter arising from the previous inspection related to the lack of social activities for residents. This matter was actioned. Social care planning was undertaken by the activity coordinator and the staff team assists the coordinator in delivering the social and recreational programme. The inspectors saw that there were opportunities for residents to participate in activities, appropriate to their interests and preferences. Relatives who communicated with the inspectors highlighted the events which residents were involved in such as spiritual activities which were meaningful to their lives, arts and crafts, outings with their family members, entertaining visitors and other low-key activities such as watching television. Activities are ongoing throughout the day, evening and weekends. Inspectors saw the majority of residents participating in an exercise programme and a sing-songsong session. Specific activities were planned for residents who were cognitively impaired for example massage, reflexology, beauty and hair care.

Staff in the centre encourage traditional celebration such as birthdays and celebratory occasions. The minutes of some of the residents' forums highlighted suggestions and feedback on recreational activities and events to ensure that they are meaningful and appropriate to residents' wishes.
Relatives informed the inspector of the importance of the centre in the community and when visitors came to see their relatives, they also visited other residents whom they knew from the local community.

A formal consultation process had been set up for residents and an advocacy service was available to residents.

Residents have access to the internet and private telephones.

The inspectors saw that residents' privacy and dignity was respected as residents could receive visitors in private and personal care could be provided in the residents' bedrooms.

Many residents were able to make choices about how they lived their lives in a way that reflected their individual preferences for example, times of getting up in the morning and going to bed in the evening. However, it was noted that there were no individual bedspreads and bedroom doors were all of the same colour which was not in keeping with the guidance relating to the physical environment for residents with dementia.

Inspectors were informed that residents are given the opportunity to exercise their civil, political and religious rights.

**Judgment:**
Substantially Compliant

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**Outcome 17: Residents' clothing and personal property and possessions**
Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support

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

**Findings:**
There was a policy on handling residents' personal property.

An inventory of residents' belongings and personal possessions is compiled for each resident on admission and updated as required.

Residents have adequate storage space in their bedrooms including lockable storage for valuables and the centre provides secure storage for residents' valuables.

Residents' clothing was identifiable and laundry was carried out in batches so as to ensure that residents do not have their clothes misplaced. Further to an investigation carried out as a result of unsolicited information into the management of a resident's
personal possessions management introduced some new practices. These included identifying a named staff member on a weekly basis to attend to laundry duties, implementing a personalised button system for labelling and planning to include questions regarding the care of residents’ personal laundry in the annual survey.

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

**Findings:**
The matter arising from the previous inspection related to insufficient health care staff on duty in the evenings. This matter was satisfactorily actioned. The person in charge had carried out a review of staffing levels and recruited a new activity coordinator and a multitask attendant which has complimented the healthcare staff team in the late afternoons/evening.

From an examination of the staff duty rota, communication with residents and staff the inspectors found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

There were appropriate numbers of healthcare assistants and nurses on shift and the planned and actual staff rosters clearly identified staff by name, role, area of duty and shift times.

All staff were up to date on their mandatory training, for example, fire safety, moving and handling, infection prevention and control and protection of residents from abuse. The majority of staff had received training in dementia care and falls management. Some staff had received specialised training such as wound care, diabetes care, venepuncture and continence care.

Staff who communicated with the inspectors demonstrated that they had a good knowledge of the residents in the centre and were familiar with procedures of emergency evacuation, and in identifying and reporting instances of resident abuse.
Residents and representatives were full of praise for the staff team and spoke highly of their competency, friendliness and delivery of care.

Inspectors observed staff on the floor being patient and friendly towards residents, and being respectful towards their privacy and dignity for example knocking on residents' bedroom doors and waiting for permission to enter.

There was a suitable recruitment policy maintained in the centre and inspectors were satisfied with the arrangements for supervision and development of staff which included induction, probationary period and an annual appraisal system.

Systems were in place for vetting, supervising and establishing the level of involvement for volunteers and persons on work experience in 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:**

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
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 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some records were not kept in such a manner as to be safe as residents’ notes pertaining to personal information was stored on the bed rails of some residents’ beds.

1. Action Required:
Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
To ensure compliance with regulation 21(6) the Registered Provider (Stakeholder) will ensure records specified in paragraph 1 have been removed from the residents’ bed rails and are now stored in a safe, secure, accessible cupboard beside the residents’ bed. All staff and residents’ have been notified of this change in practice.

Proposed Timescale: 31/01/2018

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:
All staff did not have up-to-date knowledge in the management of restraint.

2. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date 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:
To ensure compliance with the regulation 07(1) the Person in Charge has undertaken training needs analysis on all staff on the management of restraint. The Person in Charge has developed a training plan to ensure all staff in the centre will have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.
All staff to be trained in the Professional Management of Aggression and Violence. To date 31 staff trained, 6 remain to be trained.
Two staff have attended train the trainers programme in Restraint management in February 2018. All staff will be trained in the management of restraint.

Proposed Timescale: 30/04/2018

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The risk management process failed to identify, assess and put measures/actions in place to control the following specified risks identified on inspection:
• The staff nurse administered medicines to long-term residents from a general supply as opposed to having an individual supply for each resident.
• Vehicles were parked at that the front of the centre in the emergency evacuation pathway leading to the designated fire assembly point.
• There was no handrail between bedroom number 13 and the shower room.
• It was difficult for residents using a mobility aid to enter the smoking room via double doors.

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 the designated centre.

**Please state the actions you have taken or are planning to take:**
To ensure compliance under Regulation 26(1)(a) the Registered Provider (Stakeholder) will ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre to include:

1. Long term residents have their own individual supply of medication.
2. The Registered provider/stakeholder in consultation with the fire officer and the Person in charge have identified an alternative emergency evacuation pathway leading to a designated fire assembly point at the side of the building which is not obstructed by vehicles.
3. The handrail has been fitted between bedroom 13 and the shower room.
4. The double doors leading to the smoking room will be replaced with a single fire door suitable for residents using mobility aids.

**Proposed Timescale:** 30/04/2018

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
A shelf above a radiator in the ensuite of room number 18 did not have a surface which could be cleaned and therefore presented a risk of infection.

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:**
To ensure compliance with regulation 27. The Registered Provider (Stakeholder) has ensured that the shelf above a radiator in the ensuite of room number 18 has been removed and replaced with a radiator protector that can be cleaned which is in line with the standards for the prevention and control of healthcare associated infections.

**Proposed Timescale:** 31/01/2018
## 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:**
An examination of some behavioural care plans identified that the care plans were insufficiently specific regarding the controls/interventions necessary to address responsive behaviours and therefore it was difficult to see if there were good outcomes for residents.

In some instances the dates were not specific with regard to the review of a care plan or if a care plan was newly devised to meet a need or if it was discontinued.

An examination of a resident’s communication care plan was insufficient to guide staff.

### 5. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
Action 5. To ensure compliance with regulation 05(3) the Person in Charge has carried out an audit of all care plans to

1. Ensure controls/ interventions necessary to address responsive behaviours and
2. Resident individual communication care plans sufficient to guide staff are in place.
3. Care plans are in the process of being reviewed to ensure that staff have
   A. Inserted a review date on care plan
   B. Where a Care Plan is newly devised it is clearly stated
   C. Where a Care Plan is discontinued this is clearly stated.

**Proposed Timescale:** 30/03/2018

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Four monthly reviews did not quantify the number of episodes of responsive behaviours and therefore it was not possible to gauge if the interventions were positive or required to be changed.

### 6. 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:
Action 6. To ensure compliance with Regulation 05(4) the Person in Charge will formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, after consultation with the resident concerned and where appropriate their family, the care plan will be revised taking into account Residents need and choice.
The Person in Charge has audited all responsive behaviour care plans to identify if they have been reviewed 4 monthly.

All responsive behaviour care plans have been reviewed to identify and quantify the number of episodes of responsive behaviours and gauge if the interventions were positive or required to be changed.

Responsive behaviour care plans will be reviewed on a regular basis to quantify the episodes of responsive behaviours. The importance of quantifying responsive behaviours and gauging if interventions were positive or need to be changed will be disseminated to all staff during staff meetings and safety pauses.
The quantity of episodes of responsive behaviours will be built into the audit tool and will be reviewed 4 monthly.

Proposed Timescale: 31/03/2018

Outcome 16: Residents’ Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There were no individual bedspreads and bedroom doors were all of the same colour which was not in keeping with the guidance relating to the physical environment for residents with dementia.

7. Action Required:
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:
To comply with regulation 09(03)(a) the Registered Provider (Stakeholder) has agreed a work plan to ensure bedroom doors are painted in keeping with the guidance relating to the physical environment for residents with dementia.

The Person in Charge in consultation with Circle of Friends (Residents Group) and taking into account Residents individual preferences has sourced individual bedspreads.

Proposed Timescale: 31/08/2018