

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cara House
<b>Centre ID:</b>	0748
<b>Centre address:</b>	Market Street Skibbereen, Co Cork
<b>Telephone number:</b>	028-22269
<b>Email address:</b>	skibbereengeriatric@eircom.net
<b>Type of centre:</b>	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
<b>Registered provider:</b>	The Skibbereen Geriatric Society Ltd
<b>Person authorised to act on behalf of the provider:</b>	Martin O'Mahony
<b>Person in charge:</b>	Caitriona Buckley
<b>Date of inspection:</b>	16 and 17 April 2013
<b>Time inspection took place:</b>	<b>Day-1 Start:</b> 09:00 hrs <b>Completion:</b> 15:00 hrs <b>Day-2 Start:</b> 08:00 hrs <b>Completion:</b> 13:30 hrs
<b>Lead inspector:</b>	Geraldine Ryan
<b>Support inspector(s):</b>	Cathleen Callanan
<b>Type of inspection</b>	<input checked="" type="checkbox"/> announced <input type="checkbox"/> unannounced
<b>Number of residents on the date of inspection:</b>	12
<b>Number of vacancies on the date of inspection:</b>	0

## 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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

This inspection report sets out the findings of a monitoring inspection, in which all of the 18 outcomes were inspected against. The purpose of the inspection was:

- ☒ to inform a registration decision
- ☐ to inform a registration renewal decision
- ☐ to monitor ongoing compliance with Regulations and Standards
- ☐ following an application to vary registration conditions
- ☐ following a notification of a significant incident or event
- ☐ following a notification of a change in person in charge
- ☐ following information received in relation to a concern/complaint

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

<b>Outcome 1: Statement of Purpose</b>	<input checked="" type="checkbox"/>
<b>Outcome 2: Contract for the Provision of Services</b>	<input checked="" type="checkbox"/>
<b>Outcome 3: Suitable Person in Charge</b>	<input checked="" type="checkbox"/>
<b>Outcome 4: Records and documentation to be kept at a designated centres</b>	<input checked="" type="checkbox"/>
<b>Outcome 5: Absence of the person in charge</b>	<input checked="" type="checkbox"/>
<b>Outcome 6: Safeguarding and Safety</b>	<input checked="" type="checkbox"/>
<b>Outcome 7: Health and Safety and Risk Management</b>	<input checked="" type="checkbox"/>
<b>Outcome 8: Medication Management</b>	<input checked="" type="checkbox"/>
<b>Outcome 9: Notification of Incidents</b>	<input checked="" type="checkbox"/>
<b>Outcome 10: Reviewing and improving the quality and safety of care</b>	<input checked="" type="checkbox"/>
<b>Outcome 11: Health and Social Care Needs</b>	<input checked="" type="checkbox"/>
<b>Outcome 12: Safe and Suitable Premises</b>	<input checked="" type="checkbox"/>
<b>Outcome 13: Complaints procedures</b>	<input checked="" type="checkbox"/>
<b>Outcome 14: End of Life Care</b>	<input checked="" type="checkbox"/>
<b>Outcome 15: Food and Nutrition</b>	<input checked="" type="checkbox"/>
<b>Outcome 16: Residents' Rights, Dignity and Consultation</b>	<input checked="" type="checkbox"/>
<b>Outcome 17: Residents' clothing and personal property and possessions</b>	<input checked="" type="checkbox"/>
<b>Outcome 18: Suitable Staffing</b>	<input checked="" type="checkbox"/>

This registration inspection was announced and took place over two days. As part of the registration inspection, inspectors met with residents, relatives, and staff members. Relatives with whom the inspectors met, spoke very highly of the service and of the staff, and expressed their appreciation of having their (resident) relative remain within the local community.

Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Inspectors also interviewed the provider, the person in charge and key senior manager, with a view to establishing fitness as required by the Health Act 2007.

An immediate action plan was issued by the Authority arising from this inspection. The immediate action plan at the end of this report related to two issues, one posing an immediate risk to residents, and one concerning a fundamental divergence between the statement of purpose and the service being delivered.

The report below identifies areas where improvements would have been required to address deficits in the service in order to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This centre came to the attention of the Authority in 2012. While it had been operating when the legislation relating to the inspection and registration of designated centres for older persons commenced on 1 July 2009, the provider failed to notify the Authority of its existence within six months from that date as required under Section 69 of the Health Act 2007 as amended.

Two advisory inspections were carried out on 27 September 2012 and on 30 January 2013, prior to this registration inspection on 16 and 17 April 2013. The facility closed on 28 June 2013.

As the centre is now closed, there is no action plan with this report.

## **Section 41(1)(c) of the Health Act 2007**

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.**

### **Theme: Leadership, Governance and Management**

*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

### **Outcome 1**

*There is a written statement of purpose that accurately describes the service 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.*

#### **References:**

Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function

### **Action(s) required from previous inspection:**

This was the first registration inspection of Cara House.

## Inspection findings

The statement of purpose did not accurately describe the service provided at Cara House. The services and facilities outlined in the statement of purpose and the manner in which care was provided did not reflect the diverse needs of residents and did not include matters listed in Schedule 1 of the Regulations. The statement of purpose identified the centre as offering support for low dependency residents only. Inspectors were concerned that the dependency levels of the residents accommodated in the centre did not concur with the dependency levels as stated as part of the admission criteria outlined in the statement of purpose. An immediate action plan was issued requiring the provider to address this issue.

### Outcome 2

*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.*

#### References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

#### Action(s) required from previous inspection:

This was the first registration inspection of Cara House.

## Inspection findings

The centre had contracts/letting agreements for the 12 residents, which had been signed within one month of admission. They did not, however, set out the weekly charge. While the contracts were signed by both parties, unlike the main contract, an addendum outlining conditions of the service did not have dates attached to the signatures.

The contract/letting agreement outlined the services provided by the centre and made it clear that nursing care was not included in the services.

### Outcome 3

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

#### References:

Regulation 15: Person in Charge

Standard 27: Operational Management

#### Action(s) required from previous inspection:

This was the first registration inspection of Cara House.

## Inspection findings

The dependency levels of the residents accommodated in the centre did not concur with the dependency levels as stated as part of the admission criteria outlined in the statement of purpose. As the centre provided care to some residents who had been assessed as having a medium dependency level thus requiring full-time nursing care, there was a requirement for the provider to ensure that the person in charge was a nurse with a minimum of three years experience in the area of geriatric nursing within the previous six years. The person in charge (PIC) worked 28 hours per week as the administrator. The PIC demonstrated sufficient knowledge of the legislation and the attendant statutory responsibilities to recognise that there were issues around the extent to which the written statement of purpose and the admissions procedure reflected the reality of practice in the centre.

The PIC did not attend committee/board meetings and was not involved in pre-admission assessments. The information given to the inspectors by the provider and the PIC was that while they met on an informal basis, at least once a day, there was no formal agenda for these meetings and no minutes available.

### Outcome 4

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

### References:

Regulations 21-25: The records to be kept in a designated centre  
Regulation 26: Insurance Cover  
Regulation 27: Operating Policies and Procedures  
Standard 1: Information  
Standard 29: Management Systems  
Standard 32: Register and Residents' Records

### Inspection findings:

*\*Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

### Residents' Guide

Substantial compliance ☐

Improvements required \* ☒

There was no Residents' Guide available that met the requirements of Article 21 of the Regulations.

**Records in relation to residents (Schedule 3)**Substantial compliance ☐Improvements required \* ☒

Records in relation to residents did not include details of transfer to or from hospital.

**General Records (Schedule 4)**Substantial compliance ☐Improvements required \* ☒

The contracts of care did not specify the charges for the service.

**Operating Policies and Procedures (Schedule 5)**Substantial compliance ☐Improvements required \* ☒

There were no operational policies and procedures in relation to:

- residents' personal property and possessions
- provision of information to residents
- risk management.

**Directory of Residents**Substantial compliance ☒Improvements required \* ☐

While information was available in respect of residents, it was available in loose sheets.

**Staffing Records**Substantial compliance ☐Improvements required \* ☒

Staffing records did not meet the requirements of Schedule 2 of the Regulations.

**Medical Records**Substantial compliance ☐Improvements required \* ☒

Medical records did not meet the regulatory requirements in terms of care planning and medication management.

**Insurance Cover**Substantial compliance ☒Improvements required \* ☐**Outcome 5**

*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.*

**References:**

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

**Action(s) required from previous inspection:**

This was the first registration inspection of Cara House.

**Inspection findings**

The key senior manager (KSM) is office based and covers when the PIC is off duty.

Senior care assistants manage the centre at weekends. Arrangements were in place to cover the weekends, in the event senior care assistants were on leave.

**Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

**Outcome 6**

*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.*

**References:**

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

**Action(s) required from previous inspection:**

This was the first registration inspection of Cara House.



## Inspection findings

The inspector reviewed a policy and procedures for the prevention, detection and response to abuse, dated January 2013, and noted that the policy did not include reference to notifying the Authority in the notification process of suspected or confirmed abuse as outlined in the Regulations.

In interviews with the provider and PIC, they both outlined a clear pathway for the management of any potential allegation of abuse.

Residents spoken with by the inspector related that they felt safe in the centre and articulated their appreciation of having a place to stay.

From the records of staff training it was difficult to identify the level of training completed, in that information was held in a number of different documents. For example, the staff training record indicated that two staff only had attended training. However, there was evidence elsewhere, in the minutes of staff meetings, to indicate that several staff had attended training on the prevention of elder abuse, even though there was no list of attendees. While most staff spoken with by the inspector were knowledgeable with regard to what procedures to follow in the event that an allegation of abuse was observed or disclosed to them, it was evident that:

- one staff member was not clear with regard to what procedures to follow
- one staff member had not attended any training in the prevention of elder abuse.

The inspector noted that there was no inventory of residents' property, individual clothing and valuables carried out on admission and regularly updated thereafter. There was evidence that residents' financial records were managed in a manner that made the details of transactions easily retrievable. However, inspectors were concerned that the use of corrective fluid to rectify errors in financial records could lead to abuse of the system.

### **Outcome 7**

*The health and safety of residents, visitors and staff is promoted and protected.*

#### **References:**

Regulation 30: Health and Safety  
Regulation 31: Risk Management Procedures  
Regulation 32: Fire Precautions and Records  
Standard 26: Health and Safety  
Standard 29: Management Systems

#### **Action(s) required from previous inspection:**

This was the first registration inspection of Cara House.

## Inspection findings

The centre had an up-to-date health and safety statement dated October 2012. There was evidence that environmental risks were identified, assessed and managed, complete with hazard identification and control measures put in place. The risks and hazards addressed in the health and safety policy were mainly in regard to chemical, electrical, manual handling, gas and outdoor hazards. However, there was no arrangement in place for investigation and learning from serious incidents/adverse events involving residents.

The centre did not have a comprehensive risk management policy in place. Inspectors did note evidence of clinical risks of residents pertaining to falls and the transfer of residents, in residents' care plans. This is examined further under Outcome 11.

An inspector reviewed the centre policy on the prevention of infection control and noted that it pertained to guidance and procedures in relation to Methicillin-resistant *Staphylococcus aureus* (MRSA) and clostridium difficile infections. However, while there were guidelines for staff on general prevention of infection control (hand-washing, housekeeping/cleaning, dealing with spillages, provision of protective clothing, raising awareness of residents and visitors, linen handling, covering of cuts and abrasions) and evidence of some training, the inspector observed that all staff used different hand washing techniques and none were observed to be compliant with the hand washing posters located around the centre.

Inspectors noted that the sluicing facilities were accommodated in a public toilet. This toilet was used by residents and was noted to be unlocked during inspection.

Inspectors noted the following:

- Boxes of latex gloves, creams, shampoos stored in a public toilet. This posed a risk to residents with a cognitive impairment or with a tendency to wander.
- The cleaning trolley was stored in an assisted bathroom.
- Staff confirmed that slings for hoists were used communally for residents and not assigned to any particular resident. Inspectors were concerned that residents sharing slings posed a risk of cross infection and those residents, requiring the assistance of a hoist, should have their own slings, appropriately assessed for the resident.
- Some residents had the use of nebuliser machines. However, there was no evidence of a procedure of how to clean the machines, when they were cleaned, and by whom.
- Window openings were not secured in a safe manner.
- The window in bedroom 12 overlooked a main busy thoroughfare. Inspectors were concerned that the privacy, dignity and safety of the resident accommodated in this room, was compromised in that there was direct vision of this room from the street and a lack of security given access from the street.
- There was no locking device on any of the bedroom doors.
- Hand-rails were not provided outside exit doors.

There was evidence to indicate that:

- Suitable fire equipment was provided throughout the centre.
- Staff received training in fire safety and evacuation.
- The fire alarm and fire safety equipment were regularly serviced.
- Arrangements were in place to review fire precautions.
- Fire records were kept and the records viewed included details of fire drills/fire alarm tests/the number, type and maintenance of fire-fighting equipment.
- Weekly checks were signed off to date for the fire alarm, emergency lighting, extinguishers, doors, electromagnetic devices and seating and furniture.
- Daily checks were signed off on escape routes.

However, an inspector noted the use of correction fluid in some of the fire records referred to above.

The minutes of a staff meeting contained a reference to a planned demonstration on the use of evacuation sheets given to three staff. There was no list or record of attendees.

There was evidence of arrangements in place for responding to emergencies. In the event of an evacuation, a location for the safe placement residents was identified.

Reasonable measures were in place to prevent accidents (grab-rails, safe floor covering).

There was evidence to indicate that the most recent training in manual handling techniques for six staff took place in 2011. While there was a hoist for residents who required such assistance, the PIC confirmed that staff experienced some difficulty in accessing some of the bedrooms with the hoist and needed to remove some of the furniture first. There was evidence that the hoist had been used a number of times to aid residents who sustained a fall.

The centre had a functioning call-bell system.

A visitor's book was available for visitors to sign in and out of the centre. However, inspectors noted that not all persons visiting the centre signed in or were asked by staff to sign in and out.

### **Outcome 8**

*Each resident is protected by the designated centres' policies and procedures for medication management.*

### **References:**

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines  
Standard 14: Medication Management

### **Action(s) required from previous inspection:**

This was the first registration inspection of Cara House.

## Inspection findings

An inspector reviewed the medication prescription charts and the medication administration charts of the seven residents. Key issues identified by the inspector prompted the issuing of an immediate action plan. These were:

- Care assistants were taking telephone instructions from general practitioners (GPs) and altering pharmacy medication prescriptions and medication administration charts.
- There was evidence that medications as prescribed by the GPs were not being administered to residents.
- There was evidence that care assistants were transcribing medications incorrectly. GP instructions noted on one resident's medical record stated that a steroid medication be administered two tablets, three times a day (TDS) for three days. However, this was transcribed by a care assistant as 30mgs once a day for three days and there was no evidence that this medication was administered to the resident.
- Medications were not administered at the times prescribed by the GPs.
- Doses of medications, as prescribed by the GPs on the residents' pharmacy sheet were incorrectly administered to residents. For example, one medication was prescribed to be administered four times a day (QDS). There was evidence that this medication was given once a day for 19 days and twice a day for nine days during February 2013. Another medication (topical analgesia) was prescribed to be administered twice a day (BD). There was evidence that this medication was administered only once a day and some days not at all.
- One medication was prescribed to be administered at either one hour before food or two hours after. This medication was documented as being administered at breakfast.
- One resident was prescribed a particular medication that necessitated the measurement of a resident's pulse prior to the administration of the medication. There was no evidence to indicate that this observation was taken.
- There was no information on the medication administration chart, to indicate if a resident had or had not an allergy to a medication.
- Medications stored in a fridge had no date of opening. There was an instruction on one medication stating that it was to be discarded one month after opening, however, the date of opening was not noted.
- There was no temperature monitor in the fridge and inspectors noted chocolate inappropriately stored in the fridge with the medications.
- Medications discontinued by the GPs were not signed off by the GPs.
- Medications were being administered to residents by care assistants without being prescribed by a GP (for example; laxatives, oxygen and other respiratory medications, eye drops, antibiotics, steroid cream).
- Corrective fluid was liberally used in documentation.
- Specific doses of medication prescribed by an ophthalmic consultant were not administered as prescribed.

An inspector reviewed the centre's policy on medication management and found that it included references to administering medications as per An Bord Altranais Guidelines to nurses and midwives on medication management. The centre was not

concurring with its own policy on medication management in that no nurse was employed. There were no arrangements in place for investigating and learning from serious incidents/adverse events involving residents. Over the course of inspection, the inspectors were informed of an error relating to the administration of medicines to a resident.

While there was evidence of an audit of the medication management carried out by the external pharmacy supplier, the non compliances as listed above were not identified in the audit.

Each resident had a locked medicine press in their bedroom. Staff were of the understanding that this was equivalent to self administration as the medication was in the resident's room. On further investigation, staff stated that no resident was able to self administer their own medication.

#### **Outcome 9**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

#### **References:**

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

#### **Action(s) required from previous inspection:**

This was the first registration inspection of Cara House.

### **Inspection findings**

All relevant notifications were forwarded to the Authority and within the required timeframe.

#### **Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

#### **Outcome 10**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**References:**

Regulation 35: Review of Quality and Safety of Care and Quality of Life  
Standard 30: Quality Assurance and Continuous Improvement

**Action(s) required from previous inspection:**

This was the first registration inspection of Cara House.

**Inspection findings**

There were records of meetings between the PIC and the residents in March 2013 and April of 2013. However, the inspectors could not identify evidence of any structured system in place to review and improve the quality of care and quality of life of the residents. Both the provider and PIC stated that as it was a small centre they met with the residents throughout the day and were able to address any issue that may arise.

**Outcome 11**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.*

**References:**

Regulation 6: General Welfare and Protection  
Regulation 8: Assessment and Care Plan  
Regulation 9: Health Care  
Regulation 29: Temporary Absence and Discharge of Residents  
Standard 3: Consent  
Standard 10: Assessment  
Standard 11: The Resident's Care Plan  
Standard 12: Health Promotion  
Standard 13: Healthcare  
Standard 15: Medication Monitoring and Review  
Standard 17: Autonomy and Independence  
Standard 21: Responding to Behaviour that is Challenging

**Action(s) required from previous inspection:**

This was the first registration inspection of Cara House.

## Inspection findings

There was no evidence of a comprehensive pre-admission assessment having been carried out on any resident prior to admission. The procedure for admission was that committee members visited residents prior to admission. However, any information relating to the residents' health, personal and social care needs was not communicated to the PIC. Inspectors noted that there was no protocol in place to ensure that information from a pre-admission assessment concerning the resident's circumstances, medication treatment and/or ongoing support by medical and other professionals was provided to the PIC.

For example, a resident who was admitted from an acute hospital with a diagnosis of gastro enteritis was noted by an inspector reviewing records to have a medical history of 12 co-existing complex medical conditions, none of which were identified on the hospital transfer form.

There was no evidence to indicate that, once admitted, a comprehensive person-centred assessment, inclusive of specific assessment scales was carried out, on the residents. There was no accurate comprehensive assessment of the dependency levels of residents with co-existing medical conditions and requiring the assistance of one or more staff.

It was evident that residents had timely access to GP services. Residents had access to allied services chiropody, optical services, dental, psychiatric review speech and language therapy (SALT) and consultant geriatrician.

There was evidence of the following risk assessments being carried out on residents by care assistants:

- falls management assessment. However, the assessment did not indicate a risk rating and care assistants were not trained in carrying out falls risk assessments
- a resident transfer assessment relating to manual handling. However, care assistants were not trained in carrying out these assessments
- abscoscion.

While there was evidence that efforts were made with residents' care plans and that some residents were consulted about their care plans, none of the plans reflected the needs of the residents or set out in detail the appropriate actions to be taken by staff to ensure that all aspects of the health, personal and social care needs of the residents were met. There was no evidence that the care plan was updated as indicated by the resident's changing needs and circumstances. Inspectors were concerned that the dependency levels of the residents accommodated in the centre did not concur with the dependency levels as stated as part of the admission criteria outlined in the statement of purpose. An immediate action plan was issued to the provider to determine an accurate dependency level for all residents.

The PIC informed inspectors that dependency level assessments had been carried out by the public health nurse (PHN) and that this information was held in the PHN offices and was not available to the PIC. At the request of the inspectors, the PIC secured the dependency level assessments before close of inspection. The inspector

noted that the dependency level was specific to the residents' activities of daily living and did not capture residents' medication, wound assessments, falls assessments, waterlow pressure sore assessments or nutritional assessments. The assessments related only to the activities of daily living and had been completed in March 2013. Two residents were assessed as a medium dependency and all others as low. The inspector noted that one resident with a diagnosis of dementia, stroke, epilepsy and a history of falls prior to March 2013, was assessed as low dependency. Based on this the inspector formed the view that the dependency level was not always reflective of the resident's current dependency.

Inspectors noted that the medical and care assistant records were not maintained in an orderly fashion. Narrative notes written by care assistants, capturing residents care, were written up intermittently and not on a daily basis.

The centre had a policy on managing challenging behaviour: however, it was evident to the inspectors that the policy guidance was not implemented in practice by some staff. For example, an inspector noted in a resident's chart, notes documented by a care assistant referencing the fact that a resident had been exhibiting challenging behaviour of a verbal nature. The notes indicated that the responses by the care assistant in managing the situation reflected a lack of training in how such situations might be defused and managed.

It was evident to an inspector on reviewing the narrative notes of the care assistants that medical attention was not sought in a timely manner for residents. For example, one resident's file note indicated that on 4 March 2013 she was identified as requiring a high level of monitoring but the next entry was not until 13 March 2013. There was evidence that basic observations (blood pressure, temperature and pulse) were taken by care assistants. Care assistants spoken with by the inspector had not received training on how to procure observations, were not knowledgeable with regards to outcomes of such measurements, and when to notify the GP.

While there was evidence that residents were weighed in November 2012 and December 2012, staff spoken with by the inspector did not routinely weigh residents, even though the care assistant notes indicated that some residents had suffered episodes of vomiting and diarrhoea on a number of occasions and could only tolerate tea and toast. There was evidence in the medical records that GPs observed that residents were dehydrated. However, there was no evidence that fluid intake was monitored or recorded for these residents. An inspector noted that laxatives were given without a prescription from the GP. It was evident to the inspector that the PIC and care assistants did not link the importance of regularly weighing residents, ensuring appropriate nutrition and fluids in the event of vomiting, diarrhoea and dehydration, and that there were inadequate bowel management practices.

A care assistant informed the inspector that one resident had a wound which was being dressed by the PHN. A PHN with a specialism in wound care was due to visit the resident during the second day of inspection to assess and review the wound. There was no evidence in the resident's care notes of the clinical care accorded to the wound, the type of dressing used, or an assessment of the progress of the wound.



While there were opportunities available for residents to participate in activities such as quizzes, crosswords, music sessions, arts and crafts sessions, DVD's, and activities facilitated by external clubs in an adjacent meeting room, the scope of activities available, particularly to residents with a cognitive impairment, was very limited in that no capacity assessments were performed to ensure the activities met the needs of all residents and there was no review or audit of resident participation in activities. The inspector noted documented in residents' admission form that the resident or family were asked about activities that the resident had been involved in or in which they expressed an interest. However, there was no evidence to indicate that any information gleaned at admission was progressed in order to enhance the resident's daily life in the centre.

No residents in the centre smoked.

Incontinence wear was provided for residents at no additional cost. However, there was no evidence to indicate that each resident was assessed to ensure that the correct incontinence wear appropriate to their needs, was used.

There was no data to indicate that a comprehensive, evidence-based falls management programme was in place for residents with a history of falls.

#### **Outcome 12**

*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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

#### **References:**

Regulation 19: Premises

Standard 25: Physical Environment

#### **Action(s) required from previous inspection:**

This was the first registration inspection of Cara House.

### **Inspection findings**

Cara House is a ground level 12-bedded unit. Access to and egress from the centre is via a keypad mechanism. Each resident has a single bedroom with a wash-hand basin and built in wardrobe incorporating a lockable safe. There is:

- one communal sitting room
- three bathrooms one of which accommodates a sluice/washing facility for commodes, and one bathroom used also to store the cleaning trolley
- one small store room
- a laundry room with keypad access
- administration office
- staff office with keypad access
- staff toilet

- catering changing area and toilet facility
- dining room (keypad access) which is shared with staff and meals on wheels service
- main kitchen.

Externally there is a small enclosed yard which accommodates a cabin for maintenance equipment. Some seating is provided outside the front entrance. There is no safe outside space for residents to use as the seated area outside the front door is in close proximity to the street.

The size and layout of some bedrooms occupied by residents were not suitable for their needs in that it was necessary to remove some of the furniture in the residents' bedrooms in order to access the room with a hoist. Most residents had a commode by their bedside resulting in no space for seating for a visitor in some rooms. Based on the absence of a safe outdoor space, the limitations of the bedrooms and lack of private space to meet visitors, inspectors formed the view that the physical design and layout of the premises did not meet the needs of each resident, having regard to their number and needs.

The PIC had secured maintenance contracts for the equipment used by residents or staff. Nebulisers were supplied and maintained for residents by the Health Services Executive (HSE). One resident was on continuous oxygen therapy. The inspector saw evidence of an instruction that the machine was to be kept clean. However, there was no policy on the management, maintenance, cleaning and decontamination of the machine. The PIC stated that the staff did not receive any training, advice or instruction on the use of the oxygen.

The inspectors noted a checklist outlining a cleaning routine erected in each resident's bedroom.

There was a recreational room separate to the residents' private accommodation. This room was also used by external organisations.

There was no suitable private area for residents to meet visitors separate from residents' bedrooms.

Sluicing facilities were inadequate and posed a risk of cross infection to residents who used the toilet facilities in this room.

A sufficient number of hand gel sanitizers were located around the centre. However, latex gloves were located in an unsecure manner throughout. This posed a risk to any resident with a cognitive impairment. There was no risk assessment on the locations of the latex gloves.

The centre was warm. Residents' bedrooms were personalised with their belongings. However, none of the bedrooms were lockable.

The centre did not have an assisted bath.

There was no evidence of procedures in place for the adequate arrangements for the proper disposal of swabs, soiled dressings, disposable sheets, incontinence wear and other similar substances and materials. The PIC stated that the PHN removed dressings from wounds and disposed of same elsewhere.

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

*Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.*

**Outcome 13**

*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.*

**References:**

Regulation 39: Complaints Procedures  
Standard 6: Complaints

**Action(s) required from previous inspection:**

This was the first registration inspection of Cara House.

**Inspection findings**

The centre had a policy on complaints, which identified the PIC as the complaints officer, and also identified the person to whom appeals could be addressed. While there was a simple and clear format of the policy posted prominently in the lobby area, it did not identify any contact details for making a complaint.

An inspector noted that a time limit of one year was stipulated within which a complaint could be made and that certain issues were excluded. Some aspects of the service, care and treatment provided were excluded from the complaints policy. For example, one exclusion related to any matter relating solely to the exercise of clinical judgement and actions arising there from.

The centre had a log book for complaints for 2013, however, there were no entries. Both the PIC and provider stated that they dealt with any issues on a daily basis and gave an example of a recent complaints issue which had been formally addressed and resolved to the satisfaction of the complainants, it had not been recorded in the complaints log.

**Outcome 14**

*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.*

**References:**

Regulation 14: End of Life Care

Standard 16: End of Life Care

**Action(s) required from previous inspection:**

This was the first registration inspection of Cara House.

**Inspection findings**

The centre had a policy on end-of-life care. However, there was no information in the policy regarding access to specialist palliative care services, if required. Inspectors were of the view that appropriate end of life care practices, clinical or nursing, could not be carried out by care assistants and, in any event, the statement of purpose identified the centre as offering support for low dependency residents only. The policy did not include details pertaining to:

- facilitating each resident's choice as to the place of death, including the option of a single room or returning home
- in the event of the sudden death of a resident, guidelines of how to manage and respond to the resident's death with dignity and propriety
- in the event of the sudden death of a resident, guidelines of how to facilitate his/her religious and cultural practices, insofar as is reasonably practicable
- in the event of the sudden death of a resident, guidelines of how to accommodate the needs of the resident's family, next-of-kin and friends
- details of arrangements in place to ensure respect for the remains of deceased residents and make arrangements, in consultation with the deceased residents' family, for the removal of remains.

Overnight facilities for relatives' use were not available.

**Outcome 15**

*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 discreet and sensitive manner.*

**References:**

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

**Action(s) required from previous inspection:**

This was the first registration inspection of Cara House.

## Inspection findings

There was no policy for the monitoring and documentation of nutritional intake. There were no processes in place to make sure residents did not experience poor nutrition and hydration. The inspectors noted that meals were served in a dining room which had nice décor and was homely. An inspector reviewed the menu on offer and noted that there was no choice of main course.

Kitchen and care staff spoken with by an inspector stated that if a resident did not like what was on the menu, they could have a fried egg or just vegetables and potatoes. While the food was served in sufficient quantities, it did not take into account residents likes and dislikes. One resident informed the inspector that she often did not like what served but that she had developed a taste for it over time. Inspectors noted that refreshments were readily available throughout the day. On discussion with care assistants regarding times of medication administration, it emerged that residents were routinely receiving their breakfasts at 6am. The PIC stated she was not aware of this practice. However, an inspector noted that one medication required administration either one hour before or two hours after breakfast and there was evidence that this direction was not adhered to. The PIC was asked to review the practice of giving breakfast at such an early hour.

### Outcome 16

*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.*

### References:

Regulation 10: Residents' Rights, Dignity and Consultation  
Regulation 11: Communication  
Regulation 12: Visits  
Standard 2: Consultation and Participation  
Standard 4: Privacy and Dignity  
Standard 5: Civil, Political, Religious Rights  
Standard 17: Autonomy and Independence  
Standard 18: Routines and Expectations  
Standard 20: Social Contacts

### Action(s) required from previous inspection:

This was the first registration inspection of Cara House.

## Inspection findings

The provider informed inspectors that, as many residents were aged in their 90's, they lacked capacity to participate in meetings and therefore a formal residents' forum had not been developed.

The inspector noted from minutes of a staff meeting that it was agreed that residents may wish to have the choice to have a lie in, in the mornings. However, as noted above, residents were routinely woken to have breakfast at 6am and this appeared to reflect, not the preference of residents, but the convenience of staff.

In addition, residents had an allocated shower day, and the inspector spoke with residents who stated that they had a shower once a week and not when they chose to have the shower. Therefore, inspectors formed the view that routines and care practices did not maximise residents' independence or reflect person centred care.

Residents had access to a telephone and some residents had their own mobile phones. Voting was facilitated by the use of a special voting register.

The inspector met with relatives who confirmed that open visiting was facilitated. Relatives spoke in a positive manner regarding the care their relative received but confirmed that there was no area to meet in private other than the resident's bedroom.

Staff, spoken with by an inspector were not aware of the communication needs of residents with a cognitive impairment or a challenging behaviour, and stated that they had learned how to communicate with different residents over time. Residents with a cognitive impairment did not have a care plan to address their communication needs.

#### **Outcome 17**

*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.*

#### **References:**

Regulation 7: Residents' Personal Property and Possessions

Regulation 13: Clothing

Standard 4: Privacy and Dignity

Standard 17: Autonomy and Independence

#### **Action(s) required from previous inspection:**

This was the first registration inspection of Cara House.

### **Inspection findings**

The centre did not have a policy on residents' property and finances. No resident had an inventory of their possessions, resulting in residents' personal property not being safeguarded through appropriate record keeping.

Residents had adequate space for their personal possessions and a lockable press was provided in each bedroom for the resident's medication. A lockable safe was also provided in the fitted wardrobe.

Arrangements were not in place to ensure that the resident's privacy, dignity and modesty were respected at all times. Inspectors noted residents in their night attire being accompanied by staff to the bathroom via the public corridor.

There was no sign to indicate to a person outside a resident's bedroom that staff were attending to the personal care of the resident in that room. Inspectors observed residents in a state of undress in their bedrooms which necessitated an inspector closing the door to protect the privacy and dignity of the resident. Some staff were observed by inspectors not seeking permission by knocking on the resident's door before entering the room.

**Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

**Outcome 18**

*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.*

**References:**

Regulation 16: Staffing  
Regulation 17: Training and Staff Development  
Regulation 18: Recruitment  
Regulation 34: Volunteers  
Standard 22: Recruitment  
Standard 23: Staffing Levels and Qualifications  
Standard 24: Training and Supervision

**Action(s) required from previous inspection:**

This was the first registration inspection of Cara House.

**Inspection findings**

An inspector reviewed a sample of staff records and found that not all contained the information as outlined in Schedule 2 of the Regulations. However, where An Garda Síochána clearance was not available, there was evidence that a process had been initiated to address this shortcoming.

The PIC confirmed that she worked three and a half days each week and may cover the weekend if the senior care assistants were off duty. The KSM works three days per week.

There was evidence that the two carers on duty at the weekend, also attended to the cleaning. The PIC stated that the night carer also tended to residents' laundry.

Taking cognisance of the dependency levels of the residents accommodated in the centre at the time of inspection, inspectors were of the opinion that the skill mix of the staff did not meet the needs of the residents in that there was no qualified nurse employed at the centre. The education and training of staff did not enable them to provide contemporary evidence-based practice to the cohort of residents, many of whom required assistance and had co-existing medical conditions. While staff were observed caring for residents, they were not supervised appropriate to their role. There was no staff training programme and the PIC stated that there was no specific budget for staff training. While all staff had received training in fire prevention and manual handling, some staff spoken with by inspectors had not received training in the prevention of elder abuse, prevention of infection, correct hand-washing techniques, challenging behaviour, dementia and nutrition, all which were relevant to the current group of residents.

### **Closing the visit**

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge and a member of the committee, to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

### **Acknowledgements**

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

### ***Report compiled by:***

Geraldine Ryan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

22 April 2013



**Health Information and Quality Authority  
Regulation Directorate**

**Immediate Action Plan  
Designated centres for older people**



**Provider's response to immediate Action Plan\***

<b>Centre:</b>	Cara House
<b>Centre ID:</b>	0748
<b>Date of inspection:</b>	16 and 17 April 2013
<b>Date of response:</b>	23 April 2013

**Requirements**

These requirements set out what the registered provider must do as a matter of urgency to meet the Health Act, 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The timeframes are set by the Chief Inspector due to the immediacy of the actions required.

**The person in charge has failed to comply with a regulatory requirement in the following respect:**

Accommodating residents whose dependency is higher than the dependency levels as outlined in the admission criteria of the statement of purpose.

Not having in place appropriate, suitable and safe practices regarding the administration of medicines to residents.

**Action required:**

Compile a statement of purpose which shall consist of a statement of the matters listed in Schedule 1.

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

<b>Action required:</b>  Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.	
<b>Reference:</b> Health Act 2007 Regulation 5: Statement of Purpose Regulation 6: General Welfare and Protection Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 28: Purpose and Function Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 13: Healthcare Standard 14: Medication Management Standard 15: Medication Monitoring and Review	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The level of dependency issue will in the coming months be addressed under the direction of Dr Brian Carey, Consultant Geriatrician, Bantry General Hospital and all 12 residents will be applying for the nursing home support scheme.  The administration of medication to the residents has been taken over by two qualified nurses in cooperation with the local GPs. Policies will be updated and implemented on an ongoing basis.	23 April 2013

**Any comments the provider may wish to make:**

**Provider's response:**

Skibbereen Geriatric Society Limited and the management of Cara House acknowledge that the mission statement does not reflect the actual reality of the dependency level in Cara House at this present time. We aspire to progress in the long term towards our vision as outlined in the statement of purpose. However, we have a duty of care to the current residents of Cara House. We have initiated a process that involves a multi-disciplinary approach to address the issue of the higher level of dependency of our residents. We will do this in an open, transparent way in cooperation and partnership with the residents at the centre of the process.

The position as indicted by you in the course of your inspection, the general consensus of which observation is not in any sense contested by the parties concerned, evolved over time.

We are grateful for and indeed most appreciative of your endorsement of our endeavours to reach compliance in the context of the request enunciated in your email of 18 April 2013 and you can be assured of our ongoing commitment to realise overall compliance. We acknowledge the professional manner in which the inspection was carried out.

**Provider's name:** Martin O'Mahony

**Date:** 23 April 2013