

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cahereen Care Centre
Centre ID:	OSV-0000208
Centre address:	Codrum, Macroon, Cork.
Telephone number:	026 41 280
Email address:	cahereenrescare@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cahereen Residential Care Limited
Provider Nominee:	Colette Moyles
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	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 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 2 day(s).

The inspection took place over the following dates and times

From:	To:
11 July 2017 11:00	11 July 2017 18:00
12 July 2017 09:00	12 July 2017 16:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Major
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This announced inspection was the seventh inspection of Cahereen Care Centre by the Health Information and Quality Authority (HIQA). There were 27 residents accommodated in the centre during this inspection which followed an application by the provider for registration renewal. As part of the inspection the inspector met with

the management team, residents, relatives and staff members from all departments. A number of relatives and residents completed questionnaires prior to the inspection and the feedback was positive about the care and service provided. During the days of inspection the inspector observed practices and reviewed documentation such as, the statement of purpose, residents' contracts and care files, complaints logs, audit results, policies, minutes of meetings and a sample of staff files.

The inspector found that the provider and staff were committed to providing a person-centred experience for residents and their relatives. Complaints were infrequent and continuous improvement was promoted in the centre. Furnishing, décor and cleanliness of the centre were of a high standard. Residents said that they were happy in the centre and spoke positively about the facilities, activities and staff interactions. Residents were complimentary of the choice, quantity of food and snacks available in the centre. They confirmed that they had attended meetings and had spoken with the advocate.

Staff spoken with by the inspector were knowledgeable about residents and their backgrounds. They were seen to speak in a respectful manner and be mindful of residents' privacy and dignity.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose was viewed by the inspector and it described the aims, ethos and services of the centre. It contained most of the information required in Schedule 1 of the Regulations. Some minor changes were required to update the complaints process and to include a copy of the conditions of registration. This was addressed during the inspection. The updated statement of purpose was forwarded to HIQA.

Judgment:

Substantially 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 centre had sufficient resources to ensure the effective delivery of care. Effective management systems were evident during the inspection and clear lines of accountability and authority were in place. Regular audits on specific areas such as care

planning, medication management and infection control were conducted and improvements from these audits were implemented. The regulatory annual review of all aspects of the quality and safety of care had been conducted. The person in charge informed inspectors that she examined and collated the results of audit in areas such as complaints and falls. Learning from this review was then disseminated to staff at staff meetings and handover reports.

There was evidence of consultation with residents in the documented minutes of residents' meetings. Resident satisfaction surveys had also been conducted. Residents and relatives were familiar with the person in charge and all staff members. They informed the inspector that there was regular and meaningful communication between the staff, residents and relatives.

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 which was agreed on admission. A sample of residents' contracts reviewed by the inspector indicated that each resident's contract of care contained the details required under the regulations. In addition, extra fees to be charged to the resident were clearly specified. The sample of contracts seen were dated and signed. The provider stated that discussions on revised fees had just been concluded with the funding agency. She informed the inspector that letters would be sent to residents and relatives to alert them to this change.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had been appointed in March 2014. She was actively involved in the day to day organisation and management of the service. Staff, residents and relatives reported that the person in charge was approachable and very capable to manage the centre. The person in charge demonstrated in-depth clinical knowledge and was aware of her responsibilities under the regulations and the national standards. She was engaged in continuous professional development including post-graduation qualifications in gerontology and rehabilitation of the older adult. She informed the inspector that she attended external training courses on end of life care, management, infection control and dementia care, among other topics pertinent to her role.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were maintained in a secure manner. These included records relating to fire safety, staff recruitment and residents' care.

A sample of records reviewed included;

- The centre's insurance policy which covered against accidents or injury to residents, staff and visitors.
- The directory of residents included all the information specified in Schedule 3.
- The log of falls and accidents, restraints log and complaints records.
- Records of money or other valuables deposited for safekeeping.

- Correspondence to or from the designated centre relating to each resident.
- Files for staff employed at the centre, including the current registration details of nursing staff,
- Staff training records and staff roster.
- Records of visitors to the centre.
- Copies of medication errors and notifications to HIQA.

Narrative nursing notes were completed on a twice daily basis. When an acute health problem was being managed the daily nursing notes described the interventions, the resident's progress and response to treatment. Records of residents' access to social and spiritual opportunities as well as information on access to advocacy services were maintained

The registered provider confirmed that all operational policies as required by schedule 5 of the regulations were available and reviewed. However, the policy on the prevention of abuse was overdue for the three yearly review, as specified in the regulations. The records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

Judgment:

Substantially Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed 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:

There were suitable arrangements in place for the management of the designated centre in the absence of person in charge for more than 28 days.

The person in charge was supported in her role by the deputy director of care who had suitable experience and qualifications. At the time of inspection she was not in the centre but had previously been interviewed by inspectors. The person in charge stated that her deputy supervised all aspects of care in her absence and all carried out audit and staff appraisals.

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:

There was a policy in place in the centre on the prevention, detection and response to abuse. However, this was due to have been updated in March 2017 as addressed under Outcome 5: Documentation. The person in charge stated that she was currently updating this policy. Training records reviewed indicated that all staff had attended this mandatory training. Staff spoken with were aware of what to do in the event of an allegation, suspicion or disclosure of abuse. Staff were observed interacting with the residents in a respectful manner. Residents told the inspector that they were very content with the care they received and spoke in a positive manner of how kind the staff were. They said they felt safe in the centre. Relatives said that they did not worry when they left their relative in the care of staff as there was good communication and understanding between them.

The procedures in place to safeguard and protect residents' money was transparent and robust. There was evidence that all financial transactions were co-signed by the resident, where possible.

The centre had procedures in place for managing behaviour associated with the behavioural and psychological symptoms of dementia (BPSD). Care plans had been developed for the majority of residents to support staff in understanding the needs being expressed by the behaviour. This was addressed further under Outcome 11: Health and Social Care Needs. Appropriate training had been afforded to staff.

There was limited use of bedrails and the person in charge stated that a restraint free environment was promoted. Staff had received training of the use of restraint such as bedrails, the policy was seen to be in line with best evidence-based practice and documentation was maintained of supervision and checks of bedrail use.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The risk management policy and the health and safety (HS) statement were reviewed by the inspector. The HS statement had been updated on 8 May 2017. The risk management policy included the arrangements for the identification, recording, investigation and learning from serious incidents. Policies were available to provide guidance to staff on specific areas such as the risks of absconsion, assault, self harm and accidental injury.

Moving and handling assessments specified the type of hoist and sling size required for each resident. These assessments were reviewed by the physiotherapist who attended the centre weekly. Hoists and other equipment, including electric beds and air mattresses used by residents, were serviced and checked by qualified personnel.

Each resident's individual evacuation needs were identified. The inspector saw documentation which recorded the inclusion of each resident in the development of their personal evacuation plan. This was led by the physiotherapist in the centre. A fire safety register and associated records were maintained. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced in accordance with fire safety standards. Fire safety checks were completed by staff on a daily, weekly and monthly basis to ensure fire safety equipment was operational and functioning. Notices on the action to take on hearing the fire alarm or discovering a fire were placed strategically around the building. The inspector observed that fire exits were unobstructed. Staff were trained in fire safety and those who spoke with the inspector knew what to do in the event of a fire. Certification was available which confirmed attendance at training. Simulated fire evacuation drills were organised at suitable intervals. The most recent fire drill had taken place on 22 March 2017. Records indicated that staff response and evacuation times were documented.

A policy on infection control was provided and appropriate measures were in place to control and prevent infection including ready availability of hand sanitising gel and hand-washing sinks. Staff outlined the daily cleaning system and colour coded cloths were in use for each area. The centre appeared clean and well maintained.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Each resident was protected by the designated centre's policies and procedures for medicines management. The inspector reviewed policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Staff followed appropriate medicine management practices and these were administered as prescribed, according to records seen. There were appropriate procedures for the handling and disposal of unused and out of date medicines in the centre. The inspector viewed details of medicine to be returned and these were signed by the pharmacist. Medicines were occasionally transcribed by staff members and there was a policy in place to support this practice.

Medication management practices were reviewed and monitored. For example, the pharmacist carried out an audit in the centre and the staff nurse checked the medicines stock and residents' prescriptions on a monthly basis. Controlled drugs were in use for some residents and records of administration and stock levels were checked by the inspector. These were found to be in order.

Pharmacists were facilitated to meet their regulatory responsibilities to residents. Residents had a choice of pharmacist and general practitioner (GP), where possible. Advice provided by pharmacist was accessed for staff and residents. Staff spoken with by the inspector confirmed this.

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:

A record was maintained of all incidents occurring in the centre. Quarterly notifications were provided to HIQA as required.

The person in charge was found to be aware of the regulations related to notifications.

However, the inspector found that a notification relating to the death of a resident had not been made within the three-day time frame set out by legislation. This notification was made retrospectively.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Residents had access to regular general practitioner (GP) services and appropriate treatment and therapies. Medication was reviewed by GPs on a three-monthly basis. Specialist services and allied health care services such as physiotherapy, occupational therapy and dietetics were available weekly and when required. Chiropody and hairdressing services were accessed on a private basis. Records were maintained of referrals and follow-up appointments to consultants or allied health services. For example, psychiatric, palliative, dental, fracture clinic and optical care. Clinical assessments such as falls assessment, nutrition assessment, skin assessment and cognitive assessment were undertaken among others. Residents' right to refuse treatment was respected and documented.

A comprehensive assessment of residents' health and social care needs took place on admission and appropriate care plans were seen to be in place for the majority of residents. Care plans were reviewed four monthly. Residents, and their representatives where appropriate, were involved in formulating the plan of care. Residents signatures were seen on consent forms within the care plan and on their contracts of care. There were opportunities for residents to participate in activities that suited their needs, interests and capacities. Residents were supported to maintain their independence. There was an emphasis on promoting health and general well being. All residents were encouraged to exercise daily. This varied from walking in the gardens, dancing, chair based exercise, passive exercises in bed and utilising their walking aids to mobilise independently around the corridors of the centre. The social aspect of residents' lives was highlighted further under Outcome 16: Residents' privacy, dignity and consultation.

However, the inspector found significant discrepancies in the care plan files of a small

number of residents. These concerned documentation in relation to the resuscitation status of residents who had been admitted to the nursing home from a general hospital. A letter was filed in the care plan which had accompanied these residents on admission, contained instruction as to the residents' resuscitation status. The contents of the letter had not been discussed with the resident or their relatives before they were discharged from the hospital, in accordance with the resident's right to be involved in decisions about their care. One relative informed the inspector that she was not in agreement with the presence of the letter and a revised plan had been agreed and discussed with the resident and the relative when they were admitted to the nursing home. In a second situation the resident's GP had spoken with the resident on his admission to the nursing home and he had clearly stated his wishes to the GP which were recorded in a new plan of care for his advanced care wishes. The resident's declared choice differed completely from the instructions in the letter which accompanied him on discharge from the hospital. The person in charge was asked to remove any wrong information from residents' files in case of any ambiguity or mistake about residents' expressed end of life care wishes. The inspector found that the existence of two different sets of instructions in one resident's file had led to nursing staff developing a care plan which had incorrect instructions as to the resident's resuscitation status. The person in charge was asked to correct this during the inspection. In addition, another resident had expressed wishes in 2015 which had not been verified, reviewed and fully documented. The inspector also found that a plan of care had not been developed to guide staff in caring for a resident who exhibited behaviour associated with the effects of dementia. Furthermore, the cognitive rating scale for one resident had been evaluated differently on three occasions within a short period of time. The person in charge stated that this would be re-evaluated.

Judgment:

Non Compliant - Major

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Cahereen Care Centre was located in a beautiful, scenic area with views of the surrounding countryside accessible to residents through the large picture windows. It was a single storey, purpose-built facility, comprised of nine single en-suite bedrooms,

three two-bedded/en-suite rooms and six two-bedded rooms with adjacent showers and toilets. There were wash-hand basins located in each bedroom. The centre had a large sitting room with an adjoining dining room and conservatory. A separate kitchen with sufficient cooking facilities was accessible off the main dining room. Sluicing facilities, two store rooms, a housekeeping room, an office, an assisted bathroom, four public toilets, a laundry area and a sitting area in the front foyer were also accessible. The in-house laundry was located downstairs. The design of the premises met the needs of residents and promoted their dignity, independence and well-being.

The premises and the grounds were well-maintained with suitable heating, lighting and ventilation. The gardens were nicely planted with suitable outdoor seating in place. There was plentiful storage available for residents' belongings. Shared rooms provided sufficient privacy for personal care and space for free movement of residents and staff. Residents had access to external grounds to the front and side of the centre. Raised colourful garden boxes tended to by residents were located at the front entrance. Staff changing facilities, office facilities and a staff kitchenette were located in a timber framed building adjacent to the main building. Family overnight facilities were also available. Residents had access to equipment which promoted their independence and comfort. Equipment in the centre was stored safely and was serviced at intervals by a suitably qualified person. Training records reviewed indicated that staff were trained to use assistive equipment. A maintenance, health and safety audit and décor programme was on-going in the centre. There was ample provision of car parking for visitors and staff.

Judgment:

Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Policies and procedures were in place for the management of complaints. The complaints process was displayed in a prominent place during the inspection. Residents were aware of to whom and how to make a complaint. Residents informed the inspector that they had no concern about speaking with staff.

The person in charge was the person nominated to deal with complaints and she maintained details of complaints, the results of any investigations and the actions taken. The provider was nominated to oversee the process. An independent appeals person

was available if the complainant wished to appeal the outcome of the complaint. The Ombudsman and Advocacy service contact details were available for residents, relatives and staff as part of the complaints process.

At the time of inspection an unresolved complaint was being investigated.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Discussions with the nursing staff indicated that end-of-life care was person centred and respected the values and preferences of individual residents. Staff spoke with the inspector about the protocols in place at the end of life. Relatives were facilitated to remain overnight with residents and specialist palliative care was available to residents.

Residents and relatives' were involved in decisions and care plans which reflected residents' end of life wishes. Details of preference to transfer to hospital where of a therapeutic benefit was expected, were recorded. A system was in place to review each resident's expressed or known preference in response to changes in the resident's health status.

A sample of end-of-life care plans seen by the inspector contained details of personal and spiritual wishes to assist meeting social and psychological needs. However, not all care plans were accurate. There was conflicting information available in a small number of files which could have negatively impacted on fulfilling the wishes of certain residents, as regards resuscitation status. This was addressed in detail under Outcome 11: Health and Social Care Needs.

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:

Residents were provided with food and drink at times which suited their needs. The food was served in a careful manner and there were two sittings for each meal. The dining room was located in a section of the open plan sitting/dining room and this was spacious and suitably decorated. Menus available on tables and on a blackboard indicated that there was a variety of choice at each meal. Staff were seen to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents maintaining their independence. Residents confirmed their satisfaction with the food provided. Positive comments about meals were seen in the minutes of residents' meetings.

Training records indicated that staff had been trained in nutritional care for example, dysphagia (difficulty with swallowing). Kitchen staff members spoken with confirmed that there was good communication between catering and care staff. A record of residents who were on special diets such as, diabetic, coeliac, fortified diets or modified consistency diets were updated daily and kept under review by the chef. The chef was appropriately trained and was found to be knowledgeable of residents' likes and dislikes. The chef was seen chatting with new residents to ascertain their preferred time and choice for meals.

Residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed by the dietitian and speech and language therapist, where necessary. Residents' weights were recorded on a monthly basis and any unexplained weight loss was addressed. Relevant residents were prescribed supplements by the GP to promote adequate nutrition. Documentation confirming this was seen by the inspector in residents' care plans.

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:

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

No actions were required from the previous inspection.

Findings:

The inspector viewed minutes of recent residents' meetings. The person in charge and the provider stated that feedback was sought from residents and relatives on a daily basis. Formal residents' meetings were held four-monthly. The meeting of 13 June 2017 was attended by 13 residents. The person in charge stated that an external advocate had spoken with residents about advocacy and their rights, at this meeting. This was seen to be documented in the minutes and residents told the inspector that they welcomed the information which the advocate provided. One resident told the inspector that staff were all "top men". Another resident stated that the centre was "a home within a home". A relative spoken with by the inspector stated that staff had worked very hard to help her relation settle in to the centre. Medications had been successfully reviewed by the GP. She felt that the resident was now at optimal level and she put this down to the care from staff in the centre. She stated that the resident had regular showers, hairdresser visits and was supported to choose different clothes daily.

Residents had plenty places and opportunities to receive visitors in private. There was a lovely conservatory attached to the sitting room in which residents were seen to sit for relaxation purposes. A well stocked library was available for residents in this room. Staff utilised a desk in the room for report writing which ensured that supervision was available where required. Residents watched the Wimbledon tennis competition in the sitting room during the afternoon of the first inspection day. Residents were seen to mobilise independently to and from the sitting room. External doors were open. Outside tables were covered with tablecloths, Parasols were in place and relatives were seen to sit with residents in the sunshine. Sun-hats and sun-cream lotion were readily available. Residents and relatives commented on the quiet, sunny, scenic setting and said that they liked to spend time outdoors. On both evenings of inspection residents were seen to access the outdoors independently and sometimes with staff members. On the second day of inspection a music session being held in the sitting room could be heard comfortably by residents sitting outside in the sunshine. Residents joined in with the singing and relatives were seen to visit and enjoy tea and snacks with residents throughout the afternoon.

The centre had a varied activities programme which took into account the different needs and abilities of residents. Residents had a choice of activities for example, reading, religious service, music, physiotherapy sessions, beauty therapy, flower arranging, arts and crafts, ball games and library services. Individual interactions were seen to be provided for residents who expressed a wish for this and for those residents who were in their bedrooms. Residents' privacy was maintained and staff were seen to knock on bedroom doors before entering. A large group of residents spoke with the inspector. One resident preferred not to speak with the inspector and this choice was respected. Residents spoke with the inspector about the barbeque which they had attended in the garden, with their relatives, the previous week. Bus outings to local places of interest were planned for the near future. Residents stated that they went out

on home visits with family and some residents were supported to attend day-care centres in the locality.

Residents' survey results indicated a high satisfaction rating with aspects of care and welfare in the centre. Residents' different communication needs were highlighted in care plans. Staff spoken with were found to be aware of residents' methods of communication and they were found to be aware of relevant aspects of residents' backgrounds and life-stories. Each resident had access to television in the sitting room and in the single and double bedroom accommodation provided. Access to newspapers, information on local events, DVDs and preferred music CDs was facilitated.

Judgment:
Compliant

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:
Adequate storage space was available for residents' possessions and clothes. Personal items were seen in bedrooms and personal photographs and meaningful ornaments were displayed on walls and window sills.

There was a good laundry system in place. The inspector spoke with the laundry staff member who stated that clothes seldom go missing. She showed the inspector how clothes were clearly marked with residents' names. Residents belongings were listed and documented on admission. Personal valuables were stored in the safe if required.

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 centre maintained policies on recruitment, induction, training and development of staff. There was an adequate complement of nursing and care staff on duty each day during the inspection. The person in charge was supported by a deputy person in charge and a senior nurse.

A review of a sample of staff files and training records indicated that staff had the skills and experience to meet the assessed needs of residents at the time of inspection. Supervision arrangements and skill-mix of staff were evaluated regularly by the provider and person in charge. Staff were assigned daily to facilitate an activity/social program for residents. A sample of staff files seen by the inspector contained the documentation required under Schedule 2 of the regulations. There was evidence of vetting clearance (GV) by An Garda Síochána for all staff. The provider stated that all staff had the regulatory GV clearance in place prior to taking up employment in the centre. Nurses had active registration records with An Bord Altranais agus Cnáimhseachais na hÉireann.

A sample of pre-inspection questionnaires was viewed by the inspector. Questionnaire comments were praiseworthy of the staff team and the person in charge. The inspector spoke with residents' relatives who were complimentary of the management team, the staff and the good standard of care provided to residents. Throughout the inspection staff were seen to be supportive of residents and responsive to their needs.

A training matrix was maintained to record each staff member's training rota. The person in charge stated that this assisted the management team in maintaining oversight of staff needs and plan refresher training when due. Staff had received mandatory training in adult protection, fire safety, and training in BPSD. In addition, staff were seen to have received training in infection control, safe moving and handling, continence care, end of life care, aspects of food and nutrition and wound care.

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:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Cahereen Care Centre
Centre ID:	OSV-0000208
Date of inspection:	11/07/2017 and 12/07/2017
Date of response:	08/08/2017

Requirements

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

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

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

Minor additions and changes were required to comply with Regulation (3) (1) of the regulations.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

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

Action completed and emailed to HIQA on 14/07/2018

Proposed Timescale: 08/08/2017

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The policy on the prevention of abuse was overdue for a review.

2. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Policy on elder abuse is reviewed and updated as per regulation 04(3).

Proposed Timescale: 08/08/2017

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

Notice had not been given to the chief inspector in writing of the occurrence of all incidents set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence. This related to the unexpected death of a resident.

3. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

All notifications will be informed to HIQA to comply with regulatory requirement as mentioned in schedule (4). The above mentioned respite resident's notification is notified to HIQA via portal notification on 30/06/2017.

Proposed Timescale: Ongoing

Proposed Timescale: 30/06/2017

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:

Information in residents' care plans contained wrong instructions as to the resident's resuscitation status.

This care plan failed to take into account the expressed wishes of the resident.

A resident had expressed wishes in 2015 which had not been verified, reviewed and fully documented.

A plan of care had not been developed to guide staff in caring for a resident who exhibited behaviour associated with the effects of dementia.

The cognitive rating scale for one resident had been evaluated differently on three occasions within a short period of time.

4. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

All care plans and assessments were reviewed as part of the quarterly review in accordance with Regulation 5(2).

End of life care plans were audited and wishes are now clearly mentioned in the resident's care plans with their resuscitation status in it.

Care plans have been developed for resident who exhibited behaviour associated with the effects of dementia.

Proposed Timescale: 08/08/2017