Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Carthage Nursing Home
Centre ID:	OSV-0000021
Centre address:	Mucklagh, Tullamore, Offaly.
Telephone number:	057 935 2863
Email address:	info@carthagenursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Anvik Company Limited
Provider Nominee:	Catherine Murphy O'Connor
Lead inspector:	Una Fitzgerald
Support inspector(s):	Sonia McCague
Type of inspection	Announced
Number of residents on the date of inspection:	59
Number of vacancies on the date of inspection:	4

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
06 June 2017 09:00	06 June 2017 18:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Substantially Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of a one day, announced inspection, the purpose of which was to inform a decision for the renewal of the centre's registration.

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

Overall, the inspectors found that the care was delivered to a high standard by staff who knew the residents well and discharged their duties in a respectful and dignified way.

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

Management systems are in place within the centre that define the lines of responsibility and accountability. The provider nominee/person in charge, along with the management team responsible for the governance, operational management and administration of services and resources demonstrated sufficient knowledge and an ability to meet regulatory requirements. The authority had received unsolicited information pertaining to safeguarding and safety. This was followed up during the day of inspection. The management team had carried out a detailed investigation and appropriate actions were taken to protect all residents.

The premises were homely, safe, suitably designed and laid out to meet the needs of the residents. The provider confirmed that all staff have completed Garda vetting. There were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. There were no changes in the person in charge or persons participating in management of the centre since the last inspection. Management and staff had good knowledge of residents' care and conditions. Management had governance systems and arrangements in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Actions required following the last inspection had been satisfactorily addressed, and compliance with the regulations was found in most outcomes inspected. Of the ten outcomes inspected eight were found to be compliant/substantially compliant. The findings are discussed throughout the report and areas for improvement are outlined in the action plan at the end of the report.

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:
There was a written statement of purpose that described the service and facilities that are provided in the centre. The statement of purpose consists of a statement of the aims and objectives of the designated centre. The management have kept the statement of purpose under review and revised the content at intervals of not less than one year.

The statement of purpose contained all the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People).

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
There were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. There were no changes in the person in charge or persons participating in management of the centre since the last inspection. Management and staff had good knowledge of residents' care and conditions.

Inspectors found that there was a clearly defined management structure that identifies the lines of authority and accountability. Staff roles and responsibilities for the areas of care and service provision was defined and understood. Staff spoken with were familiar with their line management and reporting structures.

Management had governance systems and arrangements in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. Audits of resident outcomes that captured statistical information was compiled and reviewed by management on a regular basis. For example audits were carried out and analysed to in relation to staff files, accidents/falls, complaints, medicine management, restraint use and skin care outcomes. However, a report detailing or demonstrating an annual review of the quality and safety of care delivered to residents had not been completed as required.

There was evidence of consultation with residents and or their representatives in a range of areas, for example, care planning and review process, forums, and in social and recreational activities or events. Residents and relatives were familiar with management arrangements. Discussions with residents and relatives during the inspection and satisfaction surveys from resident and relatives were overwhelmingly positive in respect of the facilities and provision of services and care provided by staff.

Judgment:
Non Compliant - Moderate

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

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 available and a sample of records was reviewed by the inspector. These included records relating to operational matters, notifications, maintenance, staff recruitment, residents' care, as well as records associated with fire safety and servicing contracts.

The actions required from the last inspection on fire training and fire drills was actioned and available for the inspectors to review.
A sample of staff files was reviewed. This is discussed further in Outcome 18.

A record of visitors and the directory of residents was available and maintained in the centre, as required.

The centre's insurance cover was current and a certificate of insurance was available.

Operational policies and procedures for the centre were available as required by Schedule 5 of the regulations including those on the health and safety of residents, staff and visitors, risk management, medication management, end-of-life care, management of complaints and the prevention, detection and response to abuse. All policies listed in Schedule 5 had been reviewed within the last three years. The end of life care policy required review to ensure that the practice reflects what is implemented in practice. This is actioned under Outcome 11.

There are policies and procedures for the management of complaints. The complaints process is user friendly, accessible to all residents and displayed in a prominent place. A record is made of all complaints, an investigation is carried out and the result communicated to the complainant. Good evidence was available of how any areas for improvement as a result of the complaint is communicated to staff.

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):
No actions were required from the previous inspection.

Findings:
Measures were in place to protect residents from being harmed or suffering abuse.

There was a current policy which provided guidance for staff on the various types of abuse, assessment, reporting and management of allegations or incidents of elder abuse.

Staff confirmed and training records indicated that staff had attended training on the prevention, detection and response to abuse. Staff who spoke with inspectors were knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting structures in place. There were systems in place to ensure that allegations of abuse were investigated, and that pending such investigations measures were put in place to ensure the safety and welfare of residents.

Great emphasis was placed on residents' safety and welfare. Inspectors saw that a number of measures had been taken to ensure that residents were protected and felt safe while at the same time had opportunities for maintaining independence and fulfilment. For example there was a keypad locks on storage, cleaning and treatment rooms and on the entrance and emergency exit doors. All other communal areas and floors were accessible to residents. Inspectors saw that there were facilities in place to assist residents to retain their independence. For example mobility aids, hand rails on corridors and circulating areas, and call bell facilities in rooms they occupied.

During interviews with inspectors, residents confirmed that they felt safe in the centre due to the measures taken such as a locked door entrance and staff presence day and night. Those who completed questionnaires also confirmed that they were safe and relatives were satisfied that residents were protected from harm and were safe in the designated centre.

Systems and arrangements were in place for safeguarding resident's finances and property. Seven residents were supported by ward of court orders and an application to safeguard another resident's interests and assets was being processed.

An aim to promote a restraint free environment in line with the national policy was described and demonstrated. A restraint policy dated June 2016 approved by the person in charge was available. There was no reported use of chemical restraint. Monthly reviews of bedrail use was maintained and recorded within a restraint register. Staff and records confirmed that five of the 59 residents (8%) were using bedrails that restricted movement. One resident had requested the use of bedrails. The restraint policy clearly defined restraint and outlined the types of restraint, assessment, checks and review practices. In the residents' files reviewed, a detailed record of an assessment detailing those involved in the decision or review of restraint, risk considerations, trial of least restrictive measures prior to restraint use and alternatives available. Care plans and evaluation records included evidence of alternatives trialled such as sensor alarms and low low beds. Records of the duration of restraint and safety checks or releases were recorded for each of the five residents. However, based on inspectors' observations, discussions with staff and a review of records available, there was little recorded evidence that the resident's General Practitioner (GP) or other allied healthcare persons were involved in the decision to use restraint as outlined in the centre's policy.

A policy entitled concerning behaviour management dated February 2016 was informative to guide staff practice. It outlined protocol such as an observation, clinical

risk and ABC assessment and considerations with potential strategies to guide practice. Few residents had or showed behavioural and psychological signs of dementia (BPSD). Residents were provided with support and distraction techniques that promoted a positive approach to potential responsive behaviour. Good support from the community psychiatry team and psychiatry of later life (POLL) was reported and seen in the records reviewed. Staff spoken with were familiar with appropriate interventions to use to respond to residents behavioural needs. Behavioural assessment formed part of the overall clinical assessment and care plan process. Arrangements were in place to ensure changes in resident behaviour were analysed for possible trends and to inform reviews by the GP or psychiatric team. During the inspection staff approached residents in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff. Chemical restraint was rarely used. The use of PRN (as required) medicines to alter mood was to be recorded to include the rationale and effect. Medicine prescribed on a PRN basis was subject to regular review by nurses, the GP pharmacist and or psychiatry team.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
The centre had policies and procedures relating to health and safety. The health and safety statement is currently under review. The centre has a comprehensive risk management policy that includes items set out in Regulation 26(1). The centre had a current risk registrar that identified areas of risk within the centre and the control measures in place to minimise any negative impact on residents.

Arrangements were in place for investigating and learning from audits, serious incidents and adverse events involving residents. The management team were involved in the review of incidents and accidents involving residents to identify the key cause or likely factors in order to inform control measures. An audit of falls had been carried out. The audit results were reviewed by the person in charge and this information was then utilized to inform learning, identify trends and set priorities for areas of concern.

Satisfactory arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had access to personal protective equipment such as aprons and gloves, hand washing facilities and hand sanitisers on corridors. Staff were seen using these facilities between

resident contact. Signs were on display to encourage visitors to use the hand sanitisers. The cleaning schedule included the routine daily chores but also contained detail of deep cleaning that is carried out weekly. The standard of cleanliness throughout was excellent.

Suitable arrangements were in place in relation to promoting fire safety. The fire alarm system was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. Fire safety and response equipment was provided. Fire exits were identifiable by obvious signage and exits were unobstructed to enable means of escape. Fire evacuation procedures were prominently displayed throughout the building. Staff were trained in fire safety and those who spoke with the inspector confirmed this. Simulated fire drills had been completed in the centre. A record of the successes or failures identified during the drill, the scenario simulated, the persons involved, the time taken for and extent of the evacuation was detailed.

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

Audits and monitoring of practices was described and seen recorded. Learning from incidents and reported errors informed improvements to protect residents.

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

The processes in place for the handling and checking of medicines received including controlled drugs were examined. Practices found and procedures described were in accordance with current professional guidelines and legislation.

Nursing staff were observed as they administered medications. Residents were unhurried and reminded of the purpose of the medicines administered. Prescription and administration records were maintained in accordance with the centre's policy and professional standards.

A system was in place for a regular prescription review by the resident's general practitioner (GP) and pharmacist.

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 of all incidents occurring in the designated centre is maintained. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

The authority had been in receipt of unsolicited information that was followed up on inspection. The detail of the complaint had been followed up by the person in charge and the centre had carried out a comprehensive investigation as per their policy. Appropriate measure were actioned and their was clear evidence on learning. All accidents and incidents were recorded. However a review of the process was required to ensure that all notifiable incidents are notified to the Chief Inspector within the three day timeframe.

Judgment:
Substantially Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

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

Findings:
Arrangements were in place to meet the health and nursing needs of residents. Residents had access to a general practitioner (GP), and out of hours doctor (midoc) and acute healthcare services. Access to allied healthcare professionals including physiotherapy, dietetic, speech and language, tissue viability, occupational therapy, the community mental health team, dental, ophthalmology and chiropody services were facilitated on a referral basis. It was evident that these services had been available to some residents prior to and since their admission.

An admission policy was available and reflected in practice.

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

Arrangements were in place to support good communications between the resident and family, and or the acute hospital and the centre prior to admission. The person in charge or nurse manager visited prospective residents in hospital prior to admission. This arrangement gave the resident and or their family an opportunity to meet in person, provide relevant information and assess or determine if the service could adequately meet the needs of the resident.

Residents had a comprehensive nursing assessment on admission. The assessment process involved the use of a range of validated tools to assess each resident's dependency level, risk of malnutrition, falls, mood, mobility or falls risk and skin integrity. An assessment to indicate the level of cognitive impairment of residents admitted with a diagnosis of dementia was maintained and recorded.

Clinical observations such as blood pressure, pulse and weight were assessed on admission and as required thereafter. Neurological assessments were complete following un-witnessed falls. Care plans were developed following admission based on the residents identified, assessed and changing needs. Arrangements were in place to evaluate care plans routinely by a key worker or primary nurse on a quarterly basis or when needs changed. However, care plans were not sufficiently updated or revised to reflect the residents' changing care needs and current interventions following evaluations. For example changes and interventions put in place post falls had not been updated in the related care plan to inform consistent care practices and aid future evaluations.

Evidence that residents and or family, where appropriate, participated in care plan development and review meetings was available.

Staff provided end-of-life care to residents with the support of their GP. Access to the community palliative care services was reported. There were no residents reported to be at end of life. In the sample of residents file examined inspectors saw 'End of life' care

plans that outlined the physical, psychological and spiritual needs of the residents. The plan including residents' and/or relatives preferences regarding the arrangements for end-of-life care and wishes or views regarding active or life sustaining treatment such as cardio pulmonary resuscitation. Staff told inspectors that the expressed views of residents and relatives were communicated to their doctor, however, a record to demonstrate decisions regarding providing or withholding active or life sustaining treatment such as cardio pulmonary resuscitation status was not consistently recorded in four of the medical files examined.

Inspectors were informed there were no residents with pressure ulcers or sores. Two residents had wounds that were reviewed. Overall the assessment and management of wound care was good, and promotion of healing was evidenced. Staff had good support from allied healthcare professionals such as a tissue viability nurse specialist and dietician.

The incidence and management of falls was reviewed and found to be well managed to mitigate the risk of recurrence and injury. Mobility and daily exercises were encouraged with weekly exercise classes incorporated into the activity programme. Residents had suitable mobility aids and modified chairs following seating assessments by an occupational therapist and or the physiotherapy involvement. Hand rails on corridors and grab rails of a contrasting colour were seen in toilet and bathroom facilities used by residents which promoted independence.

Arrangements were in place to meet residents nutritional and hydration needs. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and more frequently when indicated. Referrals for review by a dietician and or speech and language therapist were prompted following assessment and reviews. A record to demonstrate the referral to and outcome of assessments by dieticians or speech and language therapists was maintained in the centre that informed the care plans reviewed. Nutritional and fluid intake records, when required, were appropriately maintained.

Residents were seen enjoying various activities during the inspection. Each resident’s likes and preferences were assessed. Life story and memory files reviewed held relevant information used to plan the individual’s daily activity programme. A social and recreational plan and attendance record was maintained for each resident.

Dedicated activity staff co-ordinated a weekly activity programme supported by the care staff team. Inspectors saw that residents were encouraged to participate in group activities and many of the activities such as the weekly exercises, music, singing and games were particularly suitable or tailored for the resident group. A variety of appropriate activities were seen being provided to both small and large groups of residents. A small group with one to one meaningful activities was available to up to five residents in the rose sitting room. Weekly religious ceremonies/mass, bingo, games, films, reading, pet therapy, knitting, painting and music sessions formed part of the activity programme. Overall, residents had opportunities to participate in activities that were meaningful and purposeful to them which suited their needs, interests and capacities during the day. Inspectors were told that bus trips and outings to shows such as the Tullamore show and ploughing championship were facilitated each year. A

theatre group had entertained residents in the centre recently. Events such as 'an ice cream day' and an outdoor picnic had been arranged outdoors for residents in the previous week. Overall, residents were satisfied with the health and social care services available to them.

Judgment:
Non Compliant - Moderate

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
There was evidence that residents were consulted with and had opportunities to participate in the organisation of the centre. The centre has resident meetings at regular intervals. On the day of the meetings the activities coordinator holds three meetings to ensure that the residents have the option to attend at a time of their choosing. This change is practice has proved very beneficial as the attendance has increased. This has ensured that more residents have a voice and their opinion is heard.

Information in relation to the services of an independent advocate was available to residents. Residents' independence and autonomy was promoted. Access to the local town was also facilitated to enhance engagement in the wider community. The centre has a family board and area within the home with information leaflets relevant to local services and amenities. The centre carries out an annual resident and family satisfaction survey and areas identified to be addressed are actioned by the management team. For example, the notice board and suggestion box is positioned in a location as suggested by residents.

Residents who spoke with inspectors said they were able to make decisions about their care and had choices about how they spent their day. Residents bedrooms were personalised with family photographs and memorabilia. Residents' had options to meet visitors in a private or communal area based on their assessed needs. The inspectors saw that residents' privacy and dignity was respected and personal care was provided appropriately. Residents were seen to be well groomed and dressed in an appropriate manner with clothes and personal effects of their choosing. Residents who spoke with the inspectors and those who completed questionnaires (12) said they were respected,

consulted with and well cared for by kind staff. Relatives who spoke with inspectors and those who filled in the questionnaires (nine) were also very complimentary of the staff and care provision.

Staff are aware of the different communication needs of residents and there are systems in place to meet the diverse needs of all residents. Each resident has a "Personal Information Communication Sheet". This form identifies individual communication needs and has detail of personal likes and dislikes on areas of special interest and hobbies. The content of this form is also reflected in the residents communication care plan.

The inspectors established from speaking with residents, relatives, visitors and staff that opportunities to maintain personal relationships with family and friends in the wider community was encouraged and facilitated. A record of visitors was maintained. Overall, the arrangements in place promoted social inclusion, engagement and access to external facilities. Communication aids, telephones and newspapers were available to residents. Arising from the last inspection the centre was to explore the option of computers or ipad devices for residents use. The management informed the inspectors that this was still at the infancy stage of development.

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:
Inspectors reviewed actual and planned rosters for staff, and found that staffing levels and skill mix were sufficient to meet the needs of residents. Ongoing review of resident dependency and staffing levels were monitored to inform staffing levels and skill mix. Staff spoken to confirmed that they had sufficient time to carry out their duties and responsibilities and nurse managers explained the systems in place to supervise staff. The centre had a process of staff appraisals in place. The ongoing compliancy with this had fallen in recent months but the person in charge gave reassurances that this process will be actioned as a matter of priority. Staff spoken with felt supported by the

management team.

Evidence of current professional registration for all registered nurses was seen by inspectors. Individual training cards for staff in use since 2009. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included in house mandatory training on safeguarding and safety, patient moving and handling, fire safety and infection control. All staff nurses had additional requirements such as medication management and cardio pulmonary resuscitation. The training matrix identified which staff had attended training. While some gaps were evident within the training schedule specific to safeguarding and safety the centre has a member of the team trained who will deliver the training as a matter of priority to ensure that all gaps are addressed immediately. Recruitment and induction procedures were in place. All documents as required by Schedule 2 of the regulations for staff were maintained.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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

Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Carthage Nursing Home
Centre ID:	OSV-0000021
Date of inspection:	06 June 2017
Date of response:	21 June 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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A report detailing or demonstrating an annual review of the quality and safety of care delivered to residents had not been completed as required.

1. Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
An annual review of the quality and safety of care delivered to residents is currently in progress and will be completed by the end of August

Proposed Timescale: 31/08/2017

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Based on inspectors' observations, discussions with staff and a review of records available, there was little recorded evidence that the resident's General Practitioner (GP) or other allied healthcare persons were involved in the decision to use restraint as outlined in the centre's policy.

2. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
The policy on restraint has been reviewed and amended to reflect current practice. An interdisciplinary comprehensive assessment is completed using a validated assessment tool.

Proposed Timescale: 16/06/2017 Completed

Proposed Timescale: 16/06/2017

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:
All accidents and incidents were recorded. However a review of the process was required to ensure that all notifiable incidents are notified to the Chief Inspector within the three day timeframe.

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:
Outstanding notification completed and forwarded to the Authority following inspection. All notifications will be submitted to the Authority within the specified time frame.

Proposed Timescale: 07/06/2017 Completed

Proposed Timescale: 07/06/2017

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:
Care plans were not sufficiently updated or revised to reflect the residents' changing care needs and current interventions following evaluations.

For example changes and interventions put in place post falls had not been updated in the related care plan interventions to aid future evaluations.

4. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:
Care plans are under continuous review. Revised treatments/management will not be additional to current care plans. Residents changing care needs and interventions will be documented on newly formed care plans at the time of change in management or treatment. We are currently in the process of transferring resident care plans to a computerised system.
Care plans will continue to be audited to ensure compliance with regulation.

Proposed Timescale: 30/09/2017

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A record to demonstrate decisions regarding providing or withholding active or life

sustaining treatment such as cardio pulmonary resuscitation status was not consistently recorded in medical files examined.

5. Action Required:
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

Please state the actions you have taken or are planning to take:
A new "Do Not Resuscitate" directive form has been developed.
This form will clarify resuscitation status in consultation with the resident/next of kin and residents GP/Consultant.

Proposed Timescale: 31/07/2017

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The centre had a process of staff appraisals in place. The ongoing compliancy with this had fallen in recent months but the person in charge gave reassurances that this process will be actioned as a matter of priority.

6. Action Required:
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
Staff appraisals have commenced and will be completed by the proposed timescale

Proposed Timescale: 30/09/2017