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:	Cramers Court Nursing Home
Centre ID:	OSV-0000218
Centre address:	Belgooly, Cork.
Telephone number:	021 477 0721
Email address:	info@cramerscourt.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Inis Ban Limited
Provider Nominee:	Edward Plunkett
Lead inspector:	John Greaney
Support inspector(s):	Caroline Connelly
Type of inspection	Unannounced
Number of residents on the date of inspection:	53
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.

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 Quality 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
14 January 2016 10:00	14 January 2016 18:30
15 January 2016 08:50	15 January 2016 17:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 04: Suitable Person in Charge	Non Compliant - Major
Outcome 06: Absence of the Person in charge	Non Compliant - Major
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

Cramers Court Nursing Home is a three-storey building with bedroom accommodation for residents on all three floors. The centre is located close to the village of Belgooly on extensive mature grounds. It was originally a large period house that was converted to a nursing home and later extended. The centre is currently registered to accommodate 57 residents.

This inspection was a monitoring inspection and was the tenth inspection of the centre by the Authority. During the course of this inspection, which was conducted over two days, inspectors met with a number of residents, relatives and staff members. Inspectors observed practices and reviewed records such as accidents and incidents, complaints records, nursing care plans, medical records, policies and procedures, and a sample of personnel files.

Overall inspectors were satisfied that residents received nursing and medical care to a good standard. Residents were regularly assessed and care plans were developed

based on these assessments. Residents had access to the services of a GP and allied health/specialist services. Staff members were seen to interact with residents in a courteous manner and were knowledgeable of residents individual needs.

Even though care was provided to an adequate standard some improvements were required. For example, the governance structure did not comply with a management plan submitted by the provider nominee prior to registration renewal in September 2014. There was now no general manager and there were no plans to recruit one in the immediate future. The previous person in charge had resigned in September 2015 and a new person in charge had been appointed in December 2015. Even though the new person in charge had significant clinical and managerial experience, he did not meet the requirement of three years experience of nursing the older person in the previous six years, as specified in the regulations. In addition to this, the person in charge was routinely providing direct clinical care as there were insufficient nurses available to meet the needs of the roster so that the person in charge could focus on managerial duties.

Improvements were also required in relation to health and safety and risk management. The risk register was not dated so it was not possible to determine if risks were reviewed on an ongoing basis. Additionally, where risks were included in the risk register, control measures were not always identified or control measures that were identified were not in place. Inspectors were informed that fire safety equipment and emergency lighting were serviced according to recommended practice, however, records were not available to demonstrate that this had been done.

Additional required improvements included:
• there was an inadequate system in place to monitor the quality and safety of care
• fire safety checks were not routinely completed
• notifications were not always submitted as required
• there was inadequate dining space to accommodate the number of residents living in the centre

The action plan at the end of this report identifies where improvements are needed to meet the requirements of 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.

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 Quality Standards for Residential Care Settings for Older People in Ireland.

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:
Subsequent to the most recent inspection of the centre in August 2014, the provider submitted an action plan outlining the proposed governance and management structure. This structure involved the recruitment of a general manager with responsibility for non-clinical and indirect care areas and also to act as an interface between the provider nominee and the person in charge. This would then allow the person in charge to concentrate on clinical aspects of care. The action plan also involved the recruitment of two clinical nurse managers to support the person in charge supervise clinical care and the day-to-day management of the centre.

On this inspection it was found that the management structure did not comply with the plan submitted. A general manager had been recruited following the last inspection and had been in place for approximately nine months, however, the position was now vacant and there were no immediate plans to find a replacement. A new person in charge had commenced in December 2015 following the resignation of the previous person in charge in September 2015. There was one clinical nurse manager, who at the time of this inspection had submitted her resignation and was working out her notice. A new clinical nurse manager was due to commence the week following this inspection.

Overall, inspectors were not satisfied that there was an adequate governance and management structure in place to enable the delivery of safe and effective care. This is supported by the findings of this inspection that identified the absence of a system to monitor the safety of care and the quality of life of residents. For example, records of audits were not available and staff were not able to identify for inspectors when the last audit was completed. Inspectors were informed that there was an audit of medication management, however, this was not available on the day of inspection. A sample of records of accidents and incidents were reviewed by inspectors that identified responses to individual incidents and the identification of measures to mitigate reoccurrence.

However, there was no overall review of incidents to identify trends as an opportunity for learning and quality improvement. Additionally there was no annual review of the quality and safety of care as required by the regulations. Records were not available demonstrating ongoing consultation and review with residents and/or their representatives.

Judgment:
Non Compliant - Major

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 previous person in charge had resigned in September 2015 and was replaced temporarily by a senior nurse who was also a director of the nursing home. A new person in charge had commenced approximately three weeks prior to this inspection, in December 2015. Even though the new person in charge worked full time, and had significant clinical and managerial experience, based on a review of his curriculum vitae, he did not meet the requirement of three years experience of nursing the older person in the previous six years, as specified in the regulations.

Judgment:
Non Compliant - Major

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:
As stated previously under Outcome 2, the person in charge was supported by a clinical

nurse manager. The clinical nurse manager at the time of inspection was resigning and was being replaced by another clinical nurse manager on the week following this inspection. Even though the provider nominee was aware that the person in charge was resigning and would be absent from the centre for a period greater than 28 days the Chief Inspector was not given notice in writing one month in advance of the absence as required by the regulations.

Judgment:
Non Compliant - Major

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:
There was a policy on the prevention, detection and response to abuse that was most recently reviewed in January 2015 and due for further review in January 2016. Staff members spoken with were knowledgeable of what constituted abuse and what to do in the event of suspicions or allegations of abuse. Inspectors were informed that there were no allegations of abuse and residents spoken with by inspectors stated that they felt safe in the centre. The person in charge stated that he monitored resident safeguarding through a process of staff supervision and interacting with residents on a daily basis. Not all staff members had up-to-date training in recognising and responding to abuse.

There were adequate systems in place to manage residents' finances. The provider was pension agent for a number of residents and a sample of records viewed indicated adequate records of financial transactions. The provider held money for some residents for day-to-day spending and there were two staff signatures for all transactions.

There was a policy on the management of responsive behaviour that was most recently reviewed in January 2015. A small number of residents presented with responsive behaviour and records indicated the use of behaviour charts to support the identification of precipitating factors to enable staff alleviate the underlying causes of the behaviour. Not all staff members had up-to-date training in positive behaviour support.

There was a policy in place governing the use of restraint. The only form of restraint in place was in the form of bedrails and electronic bracelets that were connected to an

alarm system to alert staff if a resident at risk of absconding attempted to exit the premises. Records indicated that restraint was only used following a risk assessment and there was evidence of discussion with the resident and/or their representative. There was evidence of ongoing review of the need for restraint and the use of less restrictive measures such as low-low beds with crash mats, bed/chair alarms and sensor floor mats.

Judgment:
Non Compliant - Moderate

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:
There was an up-to-date safety statement. There was a risk management policy that included hazard identification and the assessment of risk. The policy addressed the unexplained absence of a resident, accidental injury, aggression and violence, and self-harm, however, it did not address the risk of abuse as required by the regulations. There was a risk register that identified risks such as ramps and steps on corridors, access to radiators, and wet floors during cleaning procedure. Improvements, however, were required in risk management. For example, the risk register identified access to stairs by residents as a risk and the control measure identified in the register were that the access to the stairs was by keypad, however, this was not in place. There was no keypad or gate in place to prevent access to the stairs. Additionally, where risk was assessed as being high such as for uneven floor surfaces/ramps, there were no control measures identified to mitigate the risk. The risk register was not dated so it was not possible to determine when it was last reviewed or if it was a live, current document.

Records were maintained of accidents and incidents which indicated the adequate response to incidents on an individual basis, however, as stated under Outcome 2, there was no overall review of accidents and incidents to identify trends as an opportunity for learning. There was an emergency plan that identified what to do and who to contact in the event of an emergency such as fire, flooding, loss of water, power outage and disruption to gas supply.

There was a comprehensive policy in place on infection prevention and control. There were hand wash basins in each bedroom and there were hand hygiene gel dispensers located throughout the premises and staff were seen to use them appropriately. The was adequate personal protective equipment such as aprons and gloves available for staff. There were two housekeeping staff on duty each day throughout the week and

the centre appeared clean throughout. Housekeeping staff spoken with were able to describe a colour coded cleaning system and a system for ensuring that each bedroom received periodic deep cleaning. Some improvements were required in relation to infection prevention and control. For example, the fabric on some cushions used by residents were damaged, which would make them difficult to clean and presented an infection prevention and control risk.

Inspectors reviewed the fire safety register. Records indicated that there had been a process in place for reviewing fire safety precautions, however, this had lapsed. For example, records indicated the most recent daily check to ensure means of escape were free from obstruction was recorded on 07 January 2016, which was one week prior to this inspection. Records indicated the fire alarm was serviced quarterly, most recently in October 2015. Records were not available to identify when fire safety equipment or when emergency lighting was last serviced. There was appropriate signage and maps throughout the premises identifying the evacuation procedure. Staff spoken with by inspectors were knowledgeable of what to do in the event of a fire. Additional required improvements included:
• the list of residents to be used in the event of a fire was out-of-date and did not reflect the current resident population
• the premises was three storeys and a significant number of residents were high to maximum dependency and there were no personal emergency evacuation plans
• a door was held open with a door wedge

A small number of residents smoked and there was a policy in place for the management and support of residents that smoked. There was a smoking shelter immediately outside the door leading to a secure garden. The were appropriate ash trays, smoking aprons, a fire extinguisher and a fire blanket located in the shelter. Residents that smoked received a comprehensive assessment identifying the level of supervision required when smoking. However, some improvements were required in relation to the management of residents that smoked. On the day of inspection one resident held a cigarette lighter, which was not in compliance with the centre's smoking policy. Inspectors were informed that this resident had smoked in the bathroom on the first day of the inspection, which was in contravention of the smoking policy.

Judgment:
Non Compliant - Major

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 policies and procedures in place governing the management of medications in the centre. Each resident or their representative had signed a consent form indicating they agreed to the provision services by a named pharmacy. Inspectors observed medication administration practices and were satisfied that they were in compliance with relevant professional guidance. Controlled drugs were stored appropriately and records were available demonstrating they were counted at the end of each shift by a nurse from each shift.

Prescription and administration records contained appropriate identifying information and were clear and legible. Nurses transcribed prescriptions and this practice was in compliance with relevant guidance. There were adequate procedures in place for the return of unused/out-of-date medications to the pharmacy.

Inspectors were informed that a medication management audit had been completed, however, this was not available to inspectors on the days of inspection. This action is addressed under Outcome 2.

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 accidents/incidents occurring in the centre was maintained. Some, but not all, notifications required to be submitted to the Authority were submitted within the required timeframe. For example, notifications required to be submitted at the end of each quarter were submitted as required and notifications of sudden/unexpected deaths of residents were also submitted. However, the Authority was not always notified where residents were admitted with or developed pressure sores as required by regulations and not all injuries requiring immediate medical/hospital treatment were notified.

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:
Prospective residents were assessed prior to admission by the person in charge to determine if the centre can meet the needs of the resident. Residents received a comprehensive assessment on admission and at regular intervals thereafter. Residents had access to the services of a general practitioner (GP), including out-of-hours, and there was evidence of regular review. Residents had access to allied health/specialist services such as speech and language therapy, dietetics, and physiotherapy and there was evidence of referral and review.

Care plans were developed for residents based on issues identified on assessment and records indicated they were reviewed and updated on an on-going basis. Care plans were personalised and provided adequate guidance on the care to be delivered. For example, wound care assessments were evidence-based and there was adequate guidance for staff on the dressings to be applied. During the inspection, inspectors observed nursing staff respond in a speedy and professional manner to a resident that required immediate medical attention and a GP arrived within a short timeframe to direct care.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
Cramers Court Nursing Home is a three-storey building with bedroom accommodation for residents on all three floors. The upper floors are accessible via stairs and elevator, except for the part of the centre containing the four-bedded room and offices, which can only be accessed by stairs. All residents accommodated in this bedroom were independently mobile. The centre is located close to the village of Belgooly on extensive mature grounds. It was originally a large period house that was converted to a nursing home and later extended. The centre is currently registered to accommodate 57 residents.

Bedroom accommodation comprised:
- 16 single en suite rooms
- 14 twin-bedded rooms, five of which had en suite facilities
- 3 three-bedded rooms,
- 1 four-bedded room, with en suite facilities

All en suites contained a wash-hand basin, assisted toilet and assisted shower. All other bedrooms contained a wash-hand basin within the room.

On the ground floor, in addition to en suite facilities, sanitary facilities comprised a male bathroom area and a female bathroom area. The male bathroom contained two toilet cubicles with a wash-hand basin in each and an assisted shower room that also contained a toilet and wash-hand basin. The female bathroom area contained a toilet cubicle and an assisted shower room that also contained a toilet and wash-hand basin. The entrance doorway to these bathrooms were quite narrow making it difficult for them to be accessed by residents in speciality chairs.

On the first floor, in addition to en suite facilities, there was one communal shower room that included an assisted shower, toilet and wash-hand basin. There were two sluice rooms, one on the ground floor and one on the first floor.

All bedrooms on the second floor have en suite facilities.

Communal areas for residents were on the ground floor and consisted of a dining room, a sitting room, with a conservatory attached and one other conservatory/activities room. The dining room was insufficient in size to accommodate the number of residents living in the centre and most residents had their meals in the sitting room and conservatories. A functioning call-bell system was in place and call-bells were appropriately located throughout the centre.

Outdoor space consisted of an enclosed patio and garden, raised garden beds, large mature gardens and lawns that were not enclosed. Ample parking was provided to the front of the building. There was a small car parking area to the side of the centre.

There are different levels on both the first and second floors and it is necessary to use either steps or ramps to navigate from the original house to the newer part of the centre. Even though there is an elevator to the first floor, the three bedded rooms on this floor are not on the same level as the elevator and residents must climb five steps to access the bedrooms. The provider nominee stated that only residents that are fully ambulant are accommodated in these bedrooms.

In general the centre was in a good state of repair and was well maintained, however, some improvements were required such as:
• some carpets were worn in places
• there were no locks on the doors of female toilets
• there was only one chair in some of the twin bedrooms and these were standard dining room type chairs which would not be comfortable to sit in for an extended period
• televisions in some of the bedrooms were not located so as to be viewable from all beds in the rooms
• there was rust on the radiator of one of the bedrooms
• speciality cushions on some chairs were torn and in need of replacement

Residents had access to appropriate equipment. Specialised assistive equipment that residents may require, was provided. For example, assisted hoists with designated slings, wheelchairs, specialist bed and mattresses and respiratory equipment. There was evidence that the equipment was serviced on a regular basis by a suitably qualified person.

The centre had a separate main kitchen with sufficient cooking facilities and equipment. A hair salon was available for the residents' use.

Judgment:
Non Compliant - Moderate

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
There was a policy in place governing the monitoring of residents' nutritional status. Inspectors viewed the menu that demonstrated the provision of a varied and nutritious diet. Inspectors observed, and records indicated, that specific diets, incorporating therapeutic and modified consistency foods, were facilitated and served in an attractive manner. Hot/cold drinks and snacks were readily available. Residents spoken with by the inspectors stated that they were happy with the choice of food and alternatives were available on request. Inspectors met with the chef who demonstrated the system in place to ensure that residents were facilitated with their choice of food and prescribed diets.

Residents were weighed regularly and an evidence-based assessment tool was used to monitor the risk of malnutrition. Where a risk identified there was evidence of referral and review for advice to allied health services.

The inspectors noted that meals were presented in an appetising manner and observed staff assisting residents, particularly residents with a cognitive impairment, in a sensitive and discreet manner. Specialist cutlery and delph were available to residents. The daily menu was displayed. Inspectors were informed and records indicated that residents had access to dietetic services and speech and language therapy services.

Inspectors observed that most residents ate their meals in the sitting room and conservatories where they remained throughout the day. As already stated under Outcome 12, there was insufficient space in the dining rooms to accommodate all residents living in the centre. On the days of inspection there were five dining tables in the dining room, each of which could accommodate four residents. Inspectors were not satisfied that the dining experience was a pleasurable and sociable occasion for most residents, which was predominantly due to inadequate dining facilities for the number of residents living in the centre. This action is addressed under Outcome 12.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
Based on observations of inspectors and a review of staff rosters there were adequate staff on duty to meet the needs of residents. There were registered nurses on duty at all times, however, as already discussed under Outcome 2, the person in charge was primarily involved in the provision of direct clinical care as there were insufficient numbers of nurses available to enable the person in charge to focus on managerial duties.

Staff spoken with by inspectors were knowledgeable of residents needs and were seen

to interact with residents appropriately.

There was evidence to indicate that staff were facilitated to attend training on issues such as end-of-life care, dementia, infection prevention and control, medication management and cleaning skills. However, records indicated that the training programme had lapsed as the last recorded attendance at training was in July 2015. Training records indicated that a number of staff did not have up-to-date training in fire safety, manual handling and safeguarding residents from abuse. There was minimal evidence of attendance by staff at training on responsive behaviour.

Based on a review of a sample of staff files the requirements of Schedule 2 of the regulations were met. There were effective recruitment procedures in place which included the verification of references.

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:

John Greaney
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:	Cramers Court Nursing Home
Centre ID:	OSV-0000218
Date of inspection:	14/01/2016 and 15/01/2016
Date of response:	16/02/2016

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:
Governance and management structures did not comply with the action plan for "Governance and Management & Clinical Management and Support" dated 09 September 2014 that had been submitted to the Chief Inspector prior to renewal of registration in 2014.

1. Action Required:

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

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
The structure put in place in September 2014 did include a General Manager, a Person in Charge and two Clinical Nurse Managers and this was in place up until Aug/Sept 2015. The Registered Provider is committed to having this structure in place and is currently in the process of recruiting for the vacant positions.

Proposed Timescale: Ongoing, yet as soon as possible.

Proposed Timescale:

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was an inadequate system in place to review and monitor the quality and safety of care and the quality of life of residents, including consultation with residents and/or their representatives.

2. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
The Registered Provider will ensure that there is an adequate system in place to review and monitor the quality and safety of care and the quality of life of residents, including consultation with residents and/or their representatives:
(i) A resident/relative satisfaction survey will be complete on/before March end;
(ii) A Residents' Committee has been established, the first meeting to take place week commencing 15th February and the agenda items will include, nutrition, laundry, how to deal with complaints etc. Any issues identified at these meetings will be addressed and will form part of the overall quality improvement programme;
(iii) We will have in place an audit programme for the year ahead and the first audits will commence in March;
(iv) Senior staff will be involved in the audit process and audit results and findings will be discussed at the weekly governance meetings (these will be more formal and minuted going forward).
(v) We are currently developing a regular on-going quality monitoring system which will include key performance indicators as prescribed by HIQA Standard 30 – Quality Assurance and Continuous Improvement.

Proposed Timescale:
(i) Satisfaction survey to be complete March end.

(ii) To commence week starting 15th February and monthly thereafter
(iii) Audit programme to be developed by end of Feb. Audits to commence March.
(iv) Immediate
(v) KPI monitoring system to be in place before Feb end

Proposed Timescale: 31/03/2016

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no annual review of the quality and safety of care delivered to residents.

3. 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 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:
There will be an annual review of the quality and safety of care to residents. This will be complete in its entirety by April 2016, as we would want to include the findings of the residents' satisfaction survey and we would also want to ensure that, where change and improvements are required (as per the satisfaction results), we can address this in the action plan.

Proposed Timescale: 30/04/2016

Outcome 04: Suitable Person in Charge

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The person in charge did not meet the requirement of three years experience of nursing the older person in the previous six years, as specified in the regulations.

4. Action Required:
Under Regulation 14(3) you are required to: Ensure the person in charge is a registered nurse with not less than 3 years' experience of nursing older persons within the previous 6 years, where residents are assessed as requiring full time nursing care.

Please state the actions you have taken or are planning to take:
The newly proposed Person in Charge is a very sound clinical practitioner with substantial senior management experience, with an excellent understanding of the

needs of older people. However, the Registered Provider accepts that he has not been employed in a designated centre for the full period of three years in the last six years and are therefore currently in the process of recruiting a PIC who has three years experience in the last six years.

Proposed Timescale: Recruitment in process. To be filled as soon as possible.

Proposed Timescale:

Outcome 06: Absence of the Person in charge

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Even though the provider nominee was aware that the person in charge was resigning and would be absent from the centre for a period greater than 28 days the Chief Inspector was not given notice in writing one month in advance of the absence as required by the regulations.

5. Action Required:
Under Regulation 32(2) you are required to: Ensure that any notice provided under Regulation 32 (1) is given no later than one month before the proposed absence commences or within a shorter period as agreed with the Chief Inspector, except in the case of an emergency, specifying the length or expected length of the absence and the expected dates of departure and return.

Please state the actions you have taken or are planning to take:
The Registered Provider will ensure that in future any notifications provided to the Authority will be submitted within the appropriate timeframes.

Proposed Timescale: Ongoing

Proposed Timescale: 31/01/2016

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all members of staff had up-to-date training on the management of responsive behaviour.

6. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
The Registered Provider will ensure that staff have updated training to ensure that they continue to manage behaviours in a responsive and positive manner. The current training matrix is being amended in order to ensure that in future training is provided as near to the "expiry" date as possible and a person has been nominated to oversee training records.

Proposed Timescale: Challenging behaviour training booked – 23rd March 2016; Dementia training booked - 28th March 2016; Abuse awareness/safeguarding training booked – 4th April 2016.

Proposed Timescale: 04/04/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all members of staff had up-to-date training in recognising and responding to suspicions or allegations of abuse.

7. Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:
All staff will have up to date training in recognising and responding to suspicions or allegations of abuse so that they can maintain their current level of understanding and responsiveness (as described in the report).

Proposed Timescale: Challenging Behaviour training is booked - 23rd March 2016, Abuse awareness/safeguarding training booked – 4th April 2016.

Proposed Timescale: 04/04/2016

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

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

The risk management policy did not address measures and actions in place to control the risk of abuse.

8. Action Required:
Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

Please state the actions you have taken or are planning to take:
The risk management policy will be reviewed and amended to ensure that it includes measures and actions in place to control abuse. In ensuring that we continue to protect the residents in our care we will also review S.I. 415, Schedule 5, Policy 1, to ensure that it reflects the HSE's "Safeguarding Vulnerable Persons at Risk of Abuse (2014)".

Proposed Timescale: 31/03/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Improvements were required in relation to the management of risk, such as:
• the risk register identified access to stairs by residents as a risk and the control measure identified in the register were that the access to the stairs was by keypad, however, this was not in place
• where risk was assessed as being high such as for uneven floor surfaces/ramps, there were no control measures identified to mitigate the risk
• the risk register was not dated so it was not possible to determine when it was last reviewed or if it was a live, current document
• there was no overall review of accidents and incidents to identify trends as an opportunity for learning.

9. Action Required:
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
(i) The current Health & Safety Statement will be updated and using guidance from the Health & Safety Authority. During the course of this we will ensure that a full assessment of the stairs/ramps will be undertaken and we will consider what measures might be appropriate (in line with fire safety regulations) and ensuring that we do not infringe on the residents' liberties while maintaining their safety.

(ii) The risk register will be reviewed, updated and amended, and measures will be put in place to reduce or eliminate identified risks. The risk management policy will be reviewed and there will be a system in place which allows for gathering information in relation to incidents and accidents. This will then allow for trends and patterns to be

identified and measures put in place to address any potential shortcomings or hazards.

Proposed Timescale: (i) March end 2016; (ii) April end 2016.

Proposed Timescale: 30/04/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fabric on some cushions was damaged making them difficult to clean.

10. Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
We were in the process of replacing all of the cushions and had up to the time of the inspection, all but eight completed. This project is now complete.

Proposed Timescale: 16/02/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records of preventive maintenance of fire safety equipment and emergency lighting were not available in the centre on the days of inspection.

11. Action Required:
Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
All of the emergency lighting, fire alarm and fire-fighting equipment was serviced and the certificates had been issued in date and were current. Unfortunately, they had not been filed in the correct folder. To avoid a re-occurrence, we will be requesting that the fire safety companies send us a soft copy of the certificate while awaiting the hard copies and to ensure that the Procurement Manager has all certificates contemporaneously filed.

Proposed Timescale: 16/02/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records of the daily check of means of escape indicated these safety checks were not being done on an ongoing basis.

12. Action Required:
Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:
The daily escape route checks are done (internal and external). The book had not been updated on three occasions with the Maintenance Manager and to ensure that this does not happen again, a person has been nominated to ensure that the book is contemporaneously maintained.

Proposed Timescale: 16/02/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records of the weekly sounding of the fire alarm indicated this was not being done on an ongoing basis.

13. Action Required:
Under Regulation 28(1)(c)(iii) you are required to: Make adequate arrangements for testing fire equipment.

Please state the actions you have taken or are planning to take:
The fire alarm is sounded on a weekly basis and a drill whereby all staff responded is carried out and as per the inspection report, staff are knowledgeable of what to do in the event of a fire, however, moving forward we will ensure that the fire register accurately reflects these drills.

Proposed Timescale: Ongoing

Proposed Timescale: 16/02/2016

Theme:
Safe care and support

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

Not all members of staff had received up-to-date training in fire safety.

14. Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
The Registered Provider will ensure that all staff have up to date fire training on an annual basis and are currently amending the training matrix to ensure that those who require training are identified easily to ensure in future that there are no gaps in our training records.

Proposed Timescale: Ongoing and next training booked for 2nd March 2016.

Proposed Timescale: 02/03/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records of fire drills were not available in the centre on the day of inspection.

15. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
The fire alarm is sounded on a weekly basis and all staff do respond, and, as per the inspection report, staff are knowledgeable of what to do in the event of a fire, however, moving forward we will ensure that the fire register accurately reflects these drills. As part of the in-house induction programme all new staff have training on the fire panel, emergency exits, fire safety measures, evacuation plans. We do take fire safety very seriously, and not only do we do a fire drill for the whole building we also carry out additional fire drills with each department (catering, laundry, maintenance).

Additionally, an annual full fire evacuation drill is carried out in conjunction with Kinsale Fire Services.

Proposed Timescale: 16/02/2016

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One resident had access to a cigarette lighter and was found to be smoking within the premises on the first day of inspection.

16. Action Required:
Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

Please state the actions you have taken or are planning to take:
Following on from this event, the four residents who smoke had a full smoking risk assessment re-done and follow up letters were sent to them and their families to remind them of the smoking policy which asks that all lighters/matches etc. be stored at the nurses' station. We will continue to monitor residents access to combustibles and will also put a notice up to remind visitors etc. that they should not leave lighters or matches with residents. Should the identified risk be repeated, we will take necessary actions to ensure safety of all residents.

Proposed Timescale: Letters complete. Notice re combustibles complete.

Proposed Timescale: 16/02/2016

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:
The Authority was not always notified where residents were admitted with or developed pressure sores as required by regulations and not all injuries requiring immediate medical/hospital treatment were notified.

17. 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:
Senior staff will have update training on statutory notifications to ensure that they understand the regulatory obligations and the subject matter of notifications will form a part of the agenda for the governance meetings.

Proposed Timescale: 29/02/2016

Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some improvements were required in relation to the premises, including:
• some carpets were worn in places
• there were no locks on the doors of female toilets
• there was only one chair in some of the twin bedrooms and these were standard dining room type chairs which would not be comfortable to sit in for an extended period
• televisions in some of the bedrooms were not located so as to be viewable from all beds in the rooms
• there was rust on the radiator of one of the bedrooms
• speciality cushions on some chairs were torn and in need of replacement

18. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
In relation to carpets, we agree that some carpeting is worn in places and we have engaged our local carpet fitter to address the worn carpets. He is due on site 17th February 2016.

Locks are now fitted on the toilet doors.

We are currently reviewing the current inventory of furniture and are content that we would have sufficient chairs in house. If not, we will replace the chairs in a phased manner and would hope to have this complete before May end.

We will review the location of the televisions and will relocate them if necessary in each of the multi-occupancy rooms so as to ensure that it is viewable from all beds.

See above re cushions. All cushions have been replaced.

Proposed Timescale: 31/05/2016

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient dining space to accommodate all residents living in the centre.

19. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
We are currently reviewing the dinner times and are considering the possibility of having two meal sittings where this would allow all residents to have a more social dining experience. This will involve discussion with residents and their families. It will require a reconfiguration of existing dining space. It will require a change of the catering staffs workloads and times and it will also require us to look at how direct care staff might efficiently bring residents to/from the dining room for two sittings. We would also need to consider the impact this would have on housekeeping. We will include this item both in the Resident Committee meeting and on the satisfaction survey. We would hope to pilot this project by May.

Proposed Timescale: 31/05/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Records indicated that training had lapsed in July 2015 and not all members of staff had up-to-date training in:
• fire safety
• safeguarding
• manual handling

20. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
We are currently reviewing our training and see above re fire safety and safeguarding. We have now recruited a senior nurse who is an approved moving and handling instructor.

Proposed Timescale:
Training will be completed as follows:
Fire safety: 2nd March 2016
Abuse awareness/safeguarding: 4th April 2016
Manual Handling: 7th March 2016
Challenging behaviour: 23rd March 2016
Dementia care: 28th March 2016

Proposed Timescale: 04/04/2016