

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



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Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Sisters of Charity of the Incarnate Word
Person in charge:	Frances Neilan
Date of inspection:	11, 12 and 13 April 2011
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Lead inspector:	Nan Savage
Support inspector:	Finbarr Colfer
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About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

Registration inspections are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

About the centre

Description of services and premises

Carrigoran House Nursing Home is a two-storey purpose-built centre which was opened in 1974 by the Sisters of Charity of the Incarnate Word and operates as a voluntary organisation.

The centre accommodates a maximum of 116 residents but since the previous inspection the provider reduced the number of places to 115. During this inspection there were 108 residents living there receiving long-term, respite and convalescent care.

The centre can be accessed by either steps or a ramp and the main entrance door is automatic allowing wheelchair access. The lobby leads into a large bright foyer and reception area with comfortable leather armchairs and sofas, a fireplace and various types of domestic furniture such as coffee tables and dressers. A large bright dining area, shop, oratory, administration offices, toilets and two bedroom units lead out from this area. The large oratory has stained glass windows.

The centre is divided into four units, two on the ground floor and two on the first floor. In total, there are 97 single rooms and 9 two-bedded rooms. On the ground floor, St Mary's unit has 28 bedrooms and St Teresa's, the Alzheimer's unit, has 15 bedrooms. On the first floor, St Oliver's unit has 33 bedrooms and St Joseph's unit now has 30 bedrooms. Since the first inspection, the provider has converted the three-bedded room in St Joseph's unit into two single rooms. Each unit has a separate day room, dining room and kitchenette which are staffed and managed separately. St Teresa's unit has a separate entrance for visitors and is specifically designed to meet the needs of residents with dementia. Facilities are provided for family members to stay overnight, if required.

Four of the single bedrooms located in St Oliver's unit have en suite assisted shower, toilet and hand-washing facilities. The remaining single bedrooms have a toilet and hand-wash basin en suite. Nine of the two-bedded rooms have toilet facilities and hand-wash basins. There are four additional assistive bathrooms with bath and/or shower facilities located on the first floor and five additional toilets for both residents' and visitors' use, three of which are assistive toilets. On the ground floor there are three additional assistive bathrooms with shower and bath facilities and one additional toilet.

The staff canteen and a visitors' coffee dock are located off the main dining area on the first floor. Various day spaces are provided throughout the centre including a library room and a number of alcoves with seating and tables. A hairdressing room, smoking room and a treatment room are also available for residents and are located on the first floor.

A large recreational room is used daily by residents for a variety of activities and social events. This room showcases many of the residents' achievements such as pottery, stained glass and other crafts.

Location

Carrigoran House Nursing Home is situated about 2 km from the village of Newmarket-on-Fergus, County Clare. A long driveway leads up to the centre.

Date centre was first established:	30 September 1974
Number of residents on the date of inspection	108 and one resident in hospital
Number of vacancies on the date of inspection	6

Dependency level of current residents	Max	High	Medium	Low
St Joseph's unit	16	5	7	4
St Oliver's unit	13	4	6	9
St Teresa's unit (dementia-specific)	4	3	9	0
St Mary's unit	16	3	6	2

Management structure

The Provider is the Sisters of Charity of the Incarnate Word and Sr. Christina Murphy is identified as the nominated contact person. Sr. Murphy reports to a Board of Directors and the Person in Charge, Frances Neilan reports directly to her. Three Clinical Nurse Managers (CNMs), nursing staff, laundry and the housekeeping supervisor/staff report daily to the Person in Charge. A Clinical Nurse Manager 2 (CNM2), Geraldine Doona deputises in her absence. The catering team report to the Food Service Manager. The Facility Manager, Food Service Manager and Finance Manager all report on a daily basis to the Provider and in her absence to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	7	17	8	6	1	*10

*Other staff included the provider, two residents' advocates, activities coordinator, receptionist, nursing administrator, three maintenance staff and finance manager.

Summary of findings from this inspection

This was the fourth inspection carried out by the Health Information and Quality Authority (the Authority) and it was an announced registration inspection. Reports from the previous inspection can be found on www.hiqa.ie. The provider had applied for registration under the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009.

As part of the registration process, the provider and the person in charge have to satisfy the Chief Inspector of Social Services that they are fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the Standards. This registration inspection took place over three days.

Inspectors met with residents, the provider, the person in charge, clinical nurse managers, staff nurses, facilities manager, the food services manager, and other members of staff. Records were examined including care plans, medical records, accident and incidents log, the complaints register, fire safety records, staff records and the policies and procedures.

Separate fit person interviews were carried out with the provider and person in charge. The provider demonstrated that she had strong people and organisational management skills. She had a compassionate nature and was dedicated to ensuring the service and staff met the needs of residents. During the fit person interview the person in charge demonstrated strong clinical and management skills. The provider in conjunction with the person in charge had completed the fit person self-assessment document in advance of the inspection and this was reviewed by the inspectors, along with other supporting documents.

The provider and person in charge demonstrated a strong commitment to developing and improving the service and the quality of life for the residents. Both had addressed the majority of the actions outlined in the previous inspection report. For example, the provider had reviewed staffing levels and ensured that measures were put in place to reduce the number of un-witnessed falls. Some of the issues that inspectors highlighted during this inspection were dealt with promptly and fully resolved prior to completion of the inspection.

Adequate staffing levels were in place during the inspection and systems were in place to supervise staff on the units. Residents at medium and high risk were now being supervised on a regular basis. Training records and interviews held with staff indicated that staff had received continuous training and education but inspectors were concerned that many staff had not received formal fire safety training since 2009. The person in charge was developing her clinical training in line with contemporary evidence based practice and had enrolled on a degree course in care of the older person.

Residents' healthcare needs were well met. General practitioners (GPs) called to residents on a regular basis and residents had access to peripatetic services such as dietetics. Good systems and practices were observed in nutrition and falls management. The care planning process had improved from the previous inspection and residents/representatives were being consulted about this process.

The premises was very clean with fittings and equipment including fire safety equipment well maintained. A risk management policy and health and safety statement was in place but this did not cover all the specific risks as outlined in the Regulations such as self harm.

Residents were encouraged to attend a wide range of stimulating activities which were organised to provide interest and variety. However, inspectors observed that there was limited social engagement and stimulation for some residents who were of maximum dependency or cognitively impaired.

These and other improvements are detailed in the body of the report and are included in the Action Plan at the end of the report.

Comments by residents and relatives

Inspectors received 35 questionnaires and spoke with many residents and relatives during the inspection. The majority of the comments were very positive about the standard of care and quality of the service at the centre.

Most residents and relatives agreed that there were adequate staff on duty during the day and some stated that there were "plenty of staff". One relative who was not satisfied felt that there should be extra staff at mealtimes while another said that staff needed to check in on residents more frequently. Some said that there were not sufficient staffing levels at night time and these comments mostly related to St Oliver's Unit. Most residents and relatives spoke highly of staff and described them as very helpful and caring. One of these relatives stated that "St Teresa's unit is a very special place, with caring experienced staff who are always interested in improving the service to their residents". Another said that staff "are very dedicated and kind" while a different relative said that "canteen staff are the most caring people I have ever met".

All agreed that the food was of a very high standard and that there was daily food choices. One resident had a suggestion for improvement that s/he would "like teatime a bit later in the summertime".

All residents and relatives were unanimous in praising the cleanliness of the centre. Some residents had mentioned the centre was cold occasionally and one commented that "the back of the house tended to be cold during cold weather". Most agreed that the centre was safe but some residents were anxious about the security arrangements at night time. With the exception of one relative all expressed satisfaction with how well their clothes were looked after in the centre. One of the residents said that "I never even missed a sock since I came here". The relative who was not satisfied stated that "some clothes go astray".

Residents and relatives were overall very satisfied with the range of activities available. Many residents mentioned how they enjoying activities including music and dancing, art and crafts, exercises, sing songs, bingo, reading, having dinner in the restaurant, visiting other residents and dominos. Residents spoke positively about the outdoor space and access to the buggy car that brings them to the walled gardens. One of these residents said that "we are blessed with having lovely walks, outside seating for warm days and a buggy to take us for a drive through the grounds".

Some residents and relatives identified improvements that they would like to see. One resident said that s/he would like more discussions while another would "like the exercises in the morning maybe after mass". Some other residents commented that they would like more exercises and one said that s/he wanted "more exercises suitable to the person's needs". Some relatives stated that there should be activities at the weekend "as people find the time long". Some residents and relatives stated that they would like more input into the resident's health care needs. One resident said that "I would like my medical reviews done in my presence". A relative also

mentioned that staff should be hired “with better English for communicating with both residents and family members”.

The views of residents and relatives were included in the inspection process and the areas are discussed further in the body of the report.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The provider and person in charge worked full-time and demonstrated a very positive attitude to the registration process. They showed strong leadership and had introduced positive changes to provide good quality care to residents. During the fit person interviews both the provider and person in charge were very knowledgeable of their responsibilities as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 (as amended) and *National Quality Standards for Residential Care Settings for Older People in Ireland*. They had worked on the fit-person entry programme in consultation with the CNMs and other department managers. The document was completed to a high standard and identified goals for further improvements in areas such as resident involvement and consultation through resident and relative/visitor surveys.

The provider had addressed most of the issues identified in the previous action plan and had made significant progress in completing the remaining actions required. The provider and person in charge outlined to inspectors the positive changes that had been made to the service. For example, a comprehensive review of staffing levels and organisation had been completed and the person in charge had implemented an auditing programme which brought about significant quality improvements in areas such as falls management. During the fit-person interview, the provider also informed inspectors that funds were available for emergencies should they arise.

The provider and key senior management were well organised and had all the required documentation ready for inspection. Inspectors found that residents' records and personnel files were stored in secure offices which ensured confidentiality. Key organisational documentation was in place including the statement of purpose, insurance policy and directory of residents. Inspectors reviewed these documents and found that they were up-to-date and in compliance with the requirements as set out in the Regulations.

A comprehensive emergency plan for the centre was in place. The plan outlined the contact telephone numbers of management and specific arrangements to follow in the event of the centre having to be evacuated. This included details of premises to which residents could be evacuated to in the event of an emergency. Staff were familiar with the emergency plan and were clear what action they would take during an emergency. The person in charge had put in place adequate controls to monitor all visitors to the premises. A visitors' book was maintained and completed daily.

Fire safety equipment was adequately serviced and maintained to protect residents, staff and visitors' safety. Fire certificates were available which confirmed that fire equipment was serviced on a yearly basis and records indicated that the last service had been completed on 30 December 2010. The facilities team completed regular fire safety checks, which included weekly fire drills and checking fire exits to ensure they were free from obstruction. These checks were documented and records were maintained. Inspectors also noted that instructions to be followed in the event of a fire were sited in prominent locations. Inspectors received written confirmation from a competent person that the centre was in substantial compliance with fire safety and building control requirements.

Inspectors found that the person in charge and CNMs were committed to improving the quality and safety of care provided to residents in the centre. Inspectors viewed a sample of weekly and monthly audits completed by the person in charge on the use of psychotropic drugs and sedatives, falls and other clinical issues. Areas for improvement had been identified and this informed learning. For example, accident and incident audits were now completed each month. Since the previous inspection the audits completed on falls indicated that there had been a significant reduction in the number of falls. These audits included a breakdown of the total number of falls per month. A number of measures had been put in place, including increased supervision of residents identified at medium and high risk, greater awareness and vigilance by all staff members and improved reporting of incidents and accidents. Inspectors noted that the results were discussed with staff and therefore used to inform learning.

Inspectors reviewed the process for recording accidents and incidents. An incident report form was completed which recorded details of each incident/accident including the outcome. Inspectors found that the hand writing in some incident/accident reports was not legible. Inspectors noted that the person in charge had addressed this matter with staff and informed them of the requirements.

The provider had put in place measures to protect residents from abuse. Staff demonstrated clear understanding of their responsibilities and the procedures to follow in the case of alleged elder abuse. Records of their training were maintained on staff files and there was a centre specific policy in place which informed practice. During the fit-person interviews, the provider and person in charge demonstrated a good awareness of the procedures to follow in the case of alleged abuse of residents. Excellent advocacy arrangements were in place for all residents especially those who had fewer visitors or were cognitively impaired. Residents spoke highly of the two advocates who were available on a full-time basis.

Robust and transparent financial arrangements were in place for managing residents' monies. The policy and procedure for the management of residents' finances was viewed by inspectors and informed practices. Individual ledgers were maintained for small amounts of money or valuables kept for safe keeping on behalf of the residents. An inspector viewed a sample of residents' monies and found that the balances tallied with the records maintained. Individual transactions had been signed by the resident/representative and the approved member of staff who processed the transactions.

Inspectors reviewed the statement of purpose which the provider and person in charge had amended to reflect the current services. The statement of purpose was further updated following the inspection in order to fully comply with the requirements of Schedule 1 of the Regulations.

Some improvements required

Inspectors found that complaints were recorded in a detailed style. The number of complaints indicated that the provider encouraged and facilitated residents to express their views freely. Some of the complaints had been initiated by the advocates on behalf of residents. The complaints log recorded that the complaints were responded to in a timely manner. The provider stated that she welcomed complaints and comments from residents and saw them as opportunities for service development. Inspectors noted that the person in charge had carried out an analysis of complaints received during 2010 and used the findings to inform staff practice and learning. However, some improvements were required in the management of complaints. The satisfaction level of the complainant with the outcome of the investigation was not consistently recorded. Also the complaints procedure did not fully comply with the requirements in the Regulations. Details of the independent appeals process were not included in this procedure.

An inspector viewed the combined health and safety statement and risk management policy. The document outlined the responsibilities of the provider and staff. However, the policy did not include all the specific risks identified in the Regulations such as self-harm. Inspectors viewed the minutes of the quality and safety committee which consisted of the provider, person in charge, CNM2's and other department managers. There was evidence that environmental and clinical risks were discussed at these meetings and measures agreed to reduce the identified risks.

Since previous inspections the provider had revised the contracts of care and had maintained a list of all residents that had not signed the new contract. The contract included the weekly amount payable by the resident but did not clearly indicate the services that were included in the fee and those that were available at an additional cost.

Significant improvements required

The provider had not given sufficient priority to ensuring all staff had received mandatory fire safety training. Inspectors noted that a number of staff had not received formal fire safety training each year. This issue had been raised in a previous action plan. The provider told inspectors that she planned to send the facilities manager on a fire safety and management course that would enable him to provide this training in future.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Inspectors found that residents had flexibility in their daily routines and residents said they could decide when to get up and go to bed in the evening, where they had their meals and whether to participate in activities available to them. Residents' individual requests were also taken on board. For instance, one resident had requested a double bed in her room because she was nervous of falling out of a single bed. The provider had accommodated this request. Staff respected residents' privacy and were observed knocking on residents' bedroom doors and waited for a response prior to opening the door.

Residents' religious and political rights were upheld and supported. The person in charge informed inspectors that all residents were Roman Catholic and that arrangements were in place for any future resident with different religious beliefs. This was recorded in the statement of purpose and Residents' Guide. Mass took place most days and spiritual support was also provided by the residents' advocates. Many residents emphasised the importance for them to take part in religious events and one of these residents commented that the "spiritual care is excellent". Residents who did not attend the oratory could watch mass from the video link which was broadcasted on their bedroom televisions. Residents and staff confirmed that residents were facilitated to vote in the last election. Those who were not able to travel to the polling station had the option to vote in-house.

The food service manager, who was also head chef, had put in place food safety and quality systems to ensure residents' dietary needs were met. Dietary checklists were completed for all residents and this was used to record residents' likes, dislikes and known food allergies. Residents' special dietary and religious requirements were also recorded. As a result, the catering team knew the residents well and were familiar with their likes and dislikes. Inspectors viewed records that confirmed catering staff had received training in food hygiene to ensure they could provide safe and wholesome food for residents. The food service manager was in the process of completing a degree course in culinary arts.

Inspectors observed the midday meals and found that residents were offered a healthy and varied diet. Some residents required special or modified diets and these needs were met. The quality and presentation of the meals was of a high standard.

Residents complimented the quality of the food and inspectors who sampled the food confirmed this. The dining experience in both the main dining room and St Teresa's unit in particular, was very relaxed and unhurried. The main dining room was furnished with circular tables and inspectors found that this arrangement supported good communication. Residents in St Teresa's unit had their meals in a domestic style kitchen environment. The food service manager changed the menu weekly and there was a good choice of meals with three main courses available. The food was freshly cooked and special diets were available as required. One resident mentioned that s/he did not have a good appetite and appreciated the chef offering different food options. The table settings in the main dining room were well presented and a variety of condiments were available. Residents were offered various choices during mealtimes including the option to wear napkins and independently serve themselves with gravy and other condiments.

Staff paid close attention to residents' dress and presentation. Inspectors saw that residents' clothing was clean, well cared for and coordinated. Residents were satisfied with the laundry process and told inspectors that clothes did not go missing. Residents commented how they enjoyed the beauty care and told inspectors that the hairdresser also attended three days a week. Inspectors observed residents receiving manicures and other beauty treatments during the inspection.

A wide range of activities were available to most residents which created interest and variety in their daily routine. An activities coordinator was employed by the provider five days a week. The activities coordinator created a welcoming atmosphere in the recreational room and interacted appropriately with residents. Inspectors observed residents participating in various stimulating events such as arts and crafts, singsongs and dancing. The provider had forged strong links with the local community. Inspectors were informed by residents and staff that various day trips were organised and residents were transported in the centre's own minibus. Members from the local community also came to the centre to visit residents, play cards and dominos with residents.

Some improvements required

While inspectors observed most staff appropriately assisting residents to eat in an unhurried and sensitive manner, some residents were not afforded the same level of dignity when receiving their meals. Most staff were seen encouraging and supporting residents to eat independently but inspectors found that on occasions some residents were left watching others eat while they waited for a care assistant to help them. An inspector also observed that one staff member was responsible for assisting some residents to eat, at the same time in one of the day rooms. This resulted in the care assistant going between residents instead of sitting with one until his/her meal was finished.

Inspectors found that there was no planned approach to the social interaction and stimulation for some residents with higher dependency levels and cognitive impairment. Social care plans for these residents were limited to the collection of information and inspectors found that there were no goals or direction for staff on how to engage or support the residents to pursue interests.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Residents had access to general practitioner (GP) services and there was an out-of-hours service available. GPs attended residents and undertook medical reviews on a three monthly basis or more often as required. Medical notes on residents' files confirmed that residents' medications were regularly reviewed.

Since the previous inspection, the person in charge had introduced a range of measures which had brought about a reduction in the number of falls. The person in charge had implemented a falls prevention programme and a root cause analysis was carried out after each fall. Specific checks were completed such as recording the resident's blood pressure, considering polypharmacy, inspecting the safety of equipment and confirming if the resident had a history of falls. The person in charge then completed a quality and risk analysis and verified that nursing staff had put measures in place to reduce the risk of future falls.

Good practice was implemented in wound and nutritional management. The updated nutritional policy informed practices. For instance, residents' weights were recorded monthly and food intake charts were completed for residents at high and medium risk. Residents assessed with a Malnutrition Universal Screening Tool (MUST) score of 2 and above had a full dietetic review carried out and more frequent monitoring of weights. Inspectors noted that the person in charge also audited this area.

Inspectors found that wounds were adequately monitored and appropriate detailed interventions put in place. Daily observations of the wound were recorded and regular reviewed by the GP and referrals to specialists also took place. Two of the CNMs had completed training courses on tissue viability and one nurse on duty was currently completing this course. Staff also promoted residents' health by ensuring adequate measures for hydration.

Residents had good access to health care professionals. The chiropodist visited as required, optical and dental services were available to residents on a yearly basis and follow up visits were arranged when needed. Residents had access to occupational therapy (OT) and referral letters were maintained. Nursing staff referred specific residents to group and individual physiotherapy and further individual sessions with the physiotherapist were arranged at an additional cost. Speech and language therapy was available to residents at an additional cost. Inspectors noted that

progress notes were maintained on residents' files confirming appointments attended.

Inspectors reviewed a sample of residents' files and found that comprehensive and additional assessments had been carried out which informed residents' care plans. Validated tools were used to carry out additional risk assessments for all residents on issues such as dependency, mental health, falls risk, pressure areas and continence management. A range of care plans based on assessed needs were in place for these residents including falls management, personal hygiene, diabetes and wound management. Inspectors found that care plans were written in a respectful manner and gave clear guidance to staff on how to support residents and meet most of their needs. Short term care plans were also implemented for specific needs. For example, one resident was grieving and an appropriate care plan was in place which guided staff interaction with the resident during this time. Inspectors noted that residents' care plans were regularly reviewed and residents/representatives were consulted in the care planning process.

Some improvements required

Since the previous inspection a policy and care plan on the use of restraint/enablers had been implemented. Some residents used bed rails and reclining chairs. Generally, inspectors found that restraint was used as a last option and that risk assessments were in place for the use of restraint that promoted the safety of residents. For example, inspectors saw one resident who used a 'low-low' bed and a padded mattress on the floor instead of using bed rails. Documentation was also in place to confirm that the use of restraint was discussed with the resident where appropriate, his/her GP and next of kin. However, the process could be improved. The assessment form asked whether there were risks associated with the use of the restraint. In some care plans, this was completed in detail, in others there was just a general note saying that no risks were identified. A general log confirmed that the restraint measure were being removed for at least 10 minutes every two hours but it did not reflect the individual arrangements for each resident.

Inspectors found that there was no specific policy on the management of behaviours that challenge as required in the Regulations. While inspectors observed some good practices in the recording of incidences, some care plans were general and did not inform staff practice. For example, reference was made in some care plans that distraction therapy and techniques should be used but there was no specific interventions recorded even though staff were able to describe detailed, individualised interventions taken when responding to a challenging incident.

Significant improvements required

Inspectors had some concerns regarding medication management. For example:

- residents' medications were not securely stored in medication trolleys. Inspectors observed that medications were stored in an unlocked medication trolley while the administering nurse left the trolley unattended to administer

medications and address other issues. Some medications were left on top of the trolley at these times

- some residents' medication prescription sheets had been not been individually signed by the GP as required
- crushed medications were not signed by the GP. Instead a general sticker had been attached to the plastic folder containing residents' medication charts which increased the risk of medication error.

A senior nurse took measures to begin addressing these issues once they were brought to her attention. For example, GPs had signed all medications prior to the end of the inspection.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The centre was spacious, bright and some parts were furnished with some old style furniture that residents said they liked. Grandfather clocks, an old style record player and ornate lighting were amongst some of the furnishings provided.

The centre was well maintained both internally and externally. A full-time facilities team were onsite and responsible for the upkeep of the premises and garden areas. There was appropriate assistive equipment provided to meet the needs of residents, including seated weighing scales, hoists and specialised mattresses. Inspectors viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order. Inspectors noted that the temperature monitoring system was in the process of being developed. The facilities manager said that parts of the centre were randomly temperature checked on a regular basis but that in response to the previous inspection report he was now in the process of formalising manual temperature checks in all areas of the building.

A variety of communal space was available for residents including day rooms on each unit, alcoves with seating, recreational room, hairdressing room, smoking room and a large oratory fitted with stained glass windows. Many communal areas including the day rooms, dining room and alcove spaces overlooked the gardens. Low level windows provided views to the well landscaped gardens that contained a variety of small animals such as peacocks, guinea fowl and silkies. Residents and relatives said that they enjoyed watching and chatting about the different animals. A library with a computer, leather seating and large ornate table was also available for residents' use. Some residents told inspectors that they played cards here. The residents' smoking room was fitted with a large glass panel which enabled staff to supervise residents who were smoking without leaving the door open.

Residents were given the opportunity to personalise their bedrooms and many had done so with a variety of their belongings and bed linen. The single bedrooms were spacious and many en suite doors opened in both directions to allow staff easy access to a resident in the case of an emergency. Motion detection fluorescent lights were installed which switched on automatically when a resident entered the en suite. Each resident had a private lockable space in their bedroom. Some residents mentioned that they were very happy with the views from their bedroom window.

The provider had taken significant measures to meet the needs of residents in St Teresa's unit. Aspects of the layout were designed to enhance the quality of life for the residents with cognitive impairment and to stimulate their senses. An unobstructed walkway was provided with murals depicting rural scenes and the seasons of the year which gave residents an interesting and safe place to walk. Rooms such as the kitchen, day room and dining area were domestic in character with old style dressers, fixtures and fittings. There was a 'memory lane' which consisted of painted shop fronts and old style ornaments. Bathroom doors were painted a different colour and a picture sign as well as words was displayed on these doors to assist residents with cognitive difficulties to identify this room more easily, thereby promoting their independence. A sensory area was also provided that included a fish tank and wall murals.

The building was very clean throughout and a documented cleaning programme was in place. Designated cleaning staff were deployed with the sole responsibility for cleaning. When questioned about cleaning procedures, a member of the housekeeping staff clearly explained her duties and how she reduced the risk of cross contamination. For instance, she outlined how a new mop head was used in each bedroom and ensuite. She described the type and purpose of cleaning products in use and how she cleaned different areas of the centre using colour coded cleaning equipment. Inspectors also noted that cleaning chemicals were stored securely in a locked press on the first floor. Residents and relatives spoke highly about the cleanliness of the centre and many described the centre as spotless. The housekeeping supervisor ensured that all staff understood the cleaning procedures and had translated the instructions into Polish.

Inspectors observed that the kitchen was maintained in a clean and hygienic condition. There were sufficient supplies of foodstuffs, all stored appropriately. Separate staff changing and toilet facilities were provided for catering staff.

Some improvements required

While good infection control practices were observed in the kitchen and within housekeeping, inspectors noted that care assistants were instructed to sluice heavily soiled bed linen and clothing in the sluice rooms located on the units. This practice was not in line with best practice in infection control.

Some two-bedded rooms in St Teresa unit were not of adequate size and were not designed to meet the needs of more than one resident. Some relatives described the two bedded rooms in this unit as cramped. On the day of inspection, these rooms were occupied by one resident. The provider informed inspectors that she had made the decision to convert these rooms into single occupancy. The provider had also reduced a three-bedded room located in St Joseph's unit into two single rooms.

The number of assisted showers/baths available to residents was insufficient and did not comply with the Standards. Seven assisted bathrooms with shower and/or bath were provided for 111 residents.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

Residents were given opportunity to input into decision-making within the centre. The provider had established a residents' forum in January 2010 and meetings took place regularly. An independent person facilitated the residents' forum meetings and minutes were maintained. Minutes of recent meetings confirmed that a range of items were discussed including excursions, meals, heating and activities. Residents' issues and requests were taken on board such as adding salmon to the menu. To ensure that all residents including those with cognitive impairment were represented the provider had also sought input from family members and had set up a relatives' forum in September 2010.

Different methods of communication were in place for residents. A secure suggestion box with comment cards was prominently displayed in the reception area and notice boards were used to display local news and relevant information. Residents had access to the internet and some made video calls over the internet to family members and friends. Residents were also facilitated to make phone calls in private and telephones had been provided to residents on request.

A large clock and a poster displaying the date and month in an easy to read format was displayed in each day room. Magazines and books were available for residents. One communal daily newspaper was available for residents at reception otherwise the daily newspaper was available to residents at an additional cost. There was a fully furnished library room with soft lighting. In the library the bookcase was filled with a wide range of books and inspectors observed residents taking books from the library to read. A computer workstation was provided in the library for residents' and relatives' use.

Formal systems were in place between staff in the units and the kitchen to communicate any changes to residents' dietary needs and their daily food choices. Daily menu requisition sheets were completed for each resident and were used to record residents' food choices for each main meal. This record was completed each morning and any change of mind by a resident was also facilitated by the kitchen. Laminated menus were also displayed in the main dining room and day/lounge rooms as another method of communicating menu choices to residents.

General staff meetings involving management and all grades of staff were held every three months and minutes of these meetings were maintained and reviewed by inspectors. Staff told inspectors that they were able to bring up any issues for discussion. Staff meetings also took place monthly in each unit and minutes of these meetings were also kept. Other meetings which took place included quarterly quality and safety committee meetings, weekly nurse management meetings and catering meetings. Minutes viewed confirmed that a range of items were discussed. Areas for improvement were identified and timeframes established to address these issues.

Inspectors viewed a sample of the required policies and found that the policies were well written and guided staff practice including the policies on nutrition and residents' personal property. Since the previous inspection the person in charge and CNM2s had revised some of the policies in line with positive changes in practice.

Relatives spoken with and the majority of those who completed a questionnaire stated that the nurse on duty or person in charge kept them up-to-date about their family member's condition. They also confirmed that they were telephoned if there were any changes. One of the relatives stated that "information is always available and forthcoming".

Relatives confirmed that there was an unrestricted visiting policy and that they were made feel welcome at all times. One of these relatives also mentioned that the centre was a pleasure to visit and a different relative said that family members were encouraged to visit. Relatives said that they were offered refreshments when visiting and some mentioned how most of the staff knew them on first name terms. Inspectors observed relatives talking with the provider and other staff in a familiar manner.

Some improvements required

The Residents' Guide did not comply with all the requirements of the Regulations. For example, there were insufficient details recorded on the complaints procedure and the terms and conditions in respect of accommodation provided to residents.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs.

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

On the day of inspection, staffing levels met the needs of residents. Residents' dependency levels were assessed using a validated tool and this was used to inform staffing levels. Since the previous inspection staffing arrangements and organisation had been reviewed. The provider and person in charge had created an additional shift between 4.30 pm to 9.00 pm which meant that on most days an extra care assistant worked in each unit during this time. A clinical nurse manager 1 (CNM1) had also been recruited to provide adequate supervision and support. The CNM1 worked a new shift from 12.00 pm to 8.00 pm. Inspectors also noted that an arrangement was in place whereby the provider and residents' advocates gave additional assistance during the night, if required. The provider and advocates lived in private quarters attached to the centre. Staff stated that they could be called at anytime including during the night to assist, if needed.

The provider had made available resources for staff training and development. A staff education and training programme was in place and a training plan for 2011 had been developed. Inspectors reviewed training records and spoke with staff who confirmed that training was provided in areas such as wound management and moving and handling of residents. A number of staff had completed a three-day training course on dementia care and arrangements were in place for other staff to complete this training. One staff member who had recently completed this training commented on how much she had learned and gave examples of how this learning had improved some practices. An inspector also viewed records which confirmed that key senior management were currently completing a five day course on palliative care.

The provider supported care assistants to complete Further Education and Training Award Council (FETAC) Level 5 training in care of the older person. The majority of the care assistants had either attained this level of training or were currently undertaking the training.

Inspectors reviewed the updated recruitment and induction policy. It included all the information as required by the Regulations. Recruitment practices were implemented within the centre in accordance with this policy for all new staff employed. Staff were given specific job descriptions and a contract outlining their terms and conditions of employment. Staff rosters viewed confirmed that recently recruited staff had undergone an induction programme, which included a detailed orientation prior to commencement of employment. Tailored induction programmes were developed and new staff were assigned a senior member of staff to mentor them.

A staff performance and appraisal system was in place and records were maintained on staff files. Staff members confirmed to the inspectors that they had completed their performance appraisal during 2010. This system was used to form the basis for discussions about staff performance, training needs and development.

Some improvements required

An inspector viewed a sample of personnel files and found that they contained the majority of required information as set down in the Regulations. Information obtained included photographic identification, information on employment histories, qualifications and evidence of mental and physical fitness. Inspectors also noted that records of Garda Síochána vetting were available for most staff and had been applied for the remaining staff. However, three written references had not been obtained for all staff members and some files had no written references.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, person in charge, CNMs, facilities manager, food service manager, finance manager and nursing administrator to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

Nan Savage
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

14 April 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
20 and 21 October 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
12 and 17 February 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
27 January 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Carrigoran House
Centre ID:	0445
Date of inspection:	11, 12 and 13 April 2011
Date of response:	1 June 2011

Requirements

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

1. The provider has failed to comply with a regulatory requirement in the following respect:

Formal fire safety training had not been provided to all staff.

Action required:

Provide suitable training for all staff in fire prevention.

Reference:

Health Act, 2007
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety

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

Timescale:

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

Provider's response: Fire training is underway and all staff records will be current and up to date by early June.	05/06/2011
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<p>2. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>Inspectors had some concerns regarding medication management. For example:</p> <ul style="list-style-type: none"> ▪ residents' medications were not securely stored in medication trolleys. The nurse administering medications left the unlocked trolley unattended when administering medication or to address other issues ▪ some residents' medication prescription sheets had been not been individually signed by the GP as required ▪ crushed medications were not individually signed by the GP. 	
<p>Action required:</p> <p>Put in place suitable arrangements and appropriate procedures in accordance with written policies, current Regulations, guidelines and legislation for the storage, administration, recording of medication errors and disposal of medication.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management Standard 15: Medication Monitoring and Review</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The Residents' medications trolley is locked and stored securely in the nurses' station when not in use.</p> <p>During drug administration the medication trolley is taken by the nurse into the resident's room. In the event of infection control precautions being in place, the medication trolley will be returned to the nurses' station for safe storage. The nurse will then hand deliver and administer the medication to these residents.</p> <p>All residents' medication prescription sheets are individually signed by the GP prior to medication administration.</p> <p>All crushed medications are individually signed by the GP.</p>	13/04/2011

3. The provider has failed to comply with a regulatory requirement in the following respect:

The duration of the use of restraint that was being recorded was not based on an individual assessment of what the resident required and did not reflect individual arrangements for residents. The safety assessment prompted questions about the risk associated with the use of specific restraint measures but the response to these questions were not sufficiently recorded.

Action required:

Put in place suitable and sufficient care to maintain the resident's welfare and wellbeing, having regard to the nature and extent of the resident's dependency and needs. Ensure that their care plan is based on a high standard of evidence based nursing practice, and that the use of restraint measures reflects this.

Action required:

Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.

Reference:

- Health Act, 2007
- Regulation 6: General Welfare and Protection
- Regulation 25: Medical Records
- Standard 21: Responding to Behaviour that is Challenging

Please state the actions you have taken or are planning to take with timescales:	Timescale:
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Provider's response:

The nursing staff individually assesses residents on restraint. The restraint is released at a minimum of every two hours for ten minute duration. It is released more frequently and for longer durations if required by the resident and also while the resident is receiving personalised care.

The nurses individually risk assess each resident and identify associated risks with restraint use. These associated risks are documented in the care plan.

06/05/2011

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

Some care plans did not reflect the care delivered. Care plans for behaviour that challenges were general and did not inform staff practice. For example, reference was made in some care plans that distraction therapy should be used but there was no specific interventions recorded.

Action required:	
Provide a high standard of evidence based nursing practice.	
Reference:	
Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Residents care plans are now individualised to reflect the various types of distraction methods used.</p> <p>The care plans are based on the resident's social assessment on admission and subsequent information obtained from their families on effective interventions that can be used.</p> <p>The information obtained will focus on the most effective interventions to be used in the event of the resident presenting with behaviour that challenges.</p> <p>The methods used will provide a baseline for evaluating the resident's reaction to the interventions as it may change over time.</p>	19/05/2011

5. The person in charge has failed to comply with a regulatory requirement in the following respect:
Care assistants hand sluiced heavily soiled bed linen and clothing in the sluice rooms located on the units. This practice was not in line with best practice in infection control.
Action required:
Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.
Reference:
Health Act, 2007 Regulation 30: Health and Safety Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Soiled bed linen is placed in an alginate bag and sent to the laundry.	19/04/2011

6. The provider has failed to comply with a regulatory requirement in the following respect: Inspectors noted that some improvements were required in order to manage risk effectively. The risk management policy was generic and did not identify and include control measures for some of the risks outlined in the Regulations such as self-harm.	
Action required: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.	
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We will identify and assess the risks in Carrigoran House and put in place precautions to control the identified risks. The risks associated with self harm in Carrigoran House will be assessed and a policy is currently being researched based on international best practice.	18/06/2011

7. The provider has failed to comply with a regulatory requirement in the following respect: Some residents who required assisted with their meals were not attended to within an appropriate timeframe. On occasions some residents were left watching others eat while they waited for a care assistant to help them. One staff member was left responsible for assisting some residents in one of the day rooms. This resulted in the care assistant going between some residents instead of sitting with one resident until their meal was finished.	
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Action required:	
Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.	
Reference: Health Act, 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Residents will have assistance provided with their meals in a timely, dignified and respectful way.</p> <p>Staff will focus on one resident at a time and provide the resident with uninterrupted assistance at mealtime unless in the event of an emergency where they may have to assist another resident i.e. a resident at risk of falling.</p> <p>Continuous and frequent monitoring will be undertaken to ensure that all staff are complying with best practice when assisting with mealtimes.</p>	19/04/2011

8. The provider has failed to comply with a regulatory requirement in the following respect:	
There was no planned approach to the social interaction and stimulation of residents in some units with higher dependency levels and cognitive impairment. Some social care plans were limited to the collection of information and there were no goals or direction for staff on how to engage or support residents to pursue interests.	
Action required:	
Provide greater social interaction and opportunities for each resident to participate in activities appropriate to his/her interests and capabilities.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>While it is a great challenge to create a stimulating environment for long-term residents with high dependencies and cognitive impairment Carrigoran House has convened a working group to examine how best to engage with and stimulate these residents. The terms of reference for this group is to have a program of activities which will provide a stimulating and interactive environment.</p> <p>Staff will have a focused approach on how best to stimulate and interact with current residents. This is based on their social activities prior to admission and will also be guided by the residents' response to various social and stimulating interventions i.e. doll therapy, hand massage, music. If effective the care plan is developed.</p> <p>Staff will be provided with ongoing information on the most effective methodologies in engaging and stimulating residents. Newly admitted residents will have a social care plan developed based on their interests and hobbies. Social activities will be tailored and provided to support them in continuing these interests. Goals will be set and aims and objectives established for each individual resident based on these assessments.</p>	<p>10/07/2011</p> <p>19/05/2011</p> <p>Ongoing</p>
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<p>9. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Some two-bedded rooms in St Teresa unit which were occupied by one resident at the time of inspection, were not of adequate size and were not designed to meet the needs of more than one resident.</p> <p>Insufficient shower/bath facilities were provided.</p>
<p>Action required:</p> <p>Provide adequate private accommodation for residents.</p>
<p>Action required:</p> <p>Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.</p>
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment Standard 28: Purpose and Function</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Since the inspection, one of the bedrooms in question has already been modified to meet the size requirement bringing the current available bed capacity to 114.</p> <p>Plans are underway to modify the other two rooms in St. Teresa's unit. This modification is expected to be completed in time for the Standards deadline.</p> <p>The current number of showers/baths are meeting the individualised needs of residents at Carrigoran House. Since the inspection an additional shower was made available for use by the residents.</p> <p>Studies are currently underway regarding the location of two additional baths/showers and will be completed on or before the Standards deadline in order to comply with the regulatory requirement.</p>	<p>09/05/2011</p> <p>January 2015</p> <p>09/05/2011</p> <p>January 2015</p>

<p>10. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>There was no specific policy on the management of behaviour that challenges as required in the Regulations.</p>	
<p>Action required:</p> <p>Develop and implement all the written operational policies and procedures in accordance with Schedule 5 of the Regulations.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The policy on managing behaviour that challenges is currently being researched and will be developed based on international best practice in managing challenging behaviour.</p>	<p>30/06/2011</p>

11. The provider has failed to comply with a regulatory requirement in the following respect:

Staff files did not contain all the required information as set down in the Regulations. Three written references had not been obtained for all staff members and some files had no written references.

Action required:

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Reference:

Health Act, 2007
Regulation 18: Recruitment
Standard 22 : Recruitment

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

Timescale:

Provider's response:

Self declarations were obtained on all employees at Carrigoran House on the foot of advice sought from agencies such as the Authority and Nursing Homes Ireland in 2010. However, on the registration inspection this was deemed insufficient and now character references are being sought on all staff who are not in possession of three references.

30/06/2011

12. The provider has failed to comply with a regulatory requirement in the following respect:

The complaints procedure did not fully comply with the requirements in the Regulations. Details of the independent appeals process were not included in this procedure. The satisfaction levels of the complainant with the outcome of the complaint investigations were not consistently recorded.

Action required:

Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The complaints policy will be revised to include an independent appeals process. This independent review will be carried out by the Person in Charge in a Nursing Home in Galway. In addition the complaints reporting mechanism will now capture the complainant signature to indicate their level of satisfaction with the outcome and resolution of their complaint.	15/06/2011

13. The provider has failed to comply with a regulatory requirement in the following respect: Some required information was absent from the Residents' Guide including the terms and conditions in respect of accommodation and some information did not reflect the services provided.	
Action required: Produce a Residents' Guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.	
Reference: Health Act, 2007 Regulation 21: Provision of Information to Residents Standard 1: Information	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The Residents' Guide will be revised to include the terms and conditions in respect of the accommodation provided and also will include the services and associated fees of Carrigoran House.	10/06/2011

14. The provider has failed to comply with a regulatory requirement in the following respect:

Residents' contracts of care did not clearly indicate the services that were included in the fee and those that were available at an additional cost.

Action required:

Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

Reference:

Health Act, 2007
Regulation 28: Contract for the Provision of Services
Standard 7: Contract/Statement of Terms and Conditions

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

Timescale:

Provider's response:

Residents' contracts of care will be revised to clearly specify the services included in the fee and those provided at an additional cost.

08/06/2011

Any comments the provider may wish to make:

Provider's response:

The preparation process for the registration inspection was lengthy and demanding although very informative. On the run up to the inspection staff engaged in the process and became performing teams which greatly assisted in meeting the regulatory requirements. These inspections are good in that they challenge us to focus on quality and safety of care of our residents helping us achieve the highest possible standard. Each subsequent inspection helps us filter practices that do not meet best practice in residential care for the elderly.

Provider's name: Sr. Christina Murphy

Date: 1 June 2011