Health Information and Quality Authority
Social Services Inspectorate

Registration Inspection report
Designated Centres under Health Act 2007

Centre name:	Knockeen Nursing Home
Centre ID:	0243
Centre address:	Barntown Co Wexford
Telephone number:	053-9134600
Fax number:	053-9134648
Email address:	N/A
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Knockeen Nursing Home Ltd.
Person authorised to act on behalf of the provider:	Mary Doran
Person in charge:	Mary Doran
Date of inspection:	24 May 2011 and 25 May 2011
Time inspection took place:	**Day-1 Start:** 10:30hrs **Completion:** 18:00hrs **Day-2 Start:** 09:30hrs **Completion:** 17:00hrs
Lead inspector:	Íde Batan
Support inspector(s):	Ann O'Connor Helen Twomey (Registration Administration)
Type of inspection:	☒ **Registration** ☒ **Announced** ☐ **Unannounced**

About registration

The purpose of regulation is to protect vulnerable people of any age who are receiving residential care services. Regulation gives confidence to the public that people receiving care and support in a designated centre are receiving a good, safe, service. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected.

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.

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.

As part of the registration process, the provider must satisfy the Chief Inspector that s/he is fit to provide the service and that the service is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).

In regulating entry into service provision, the Authority is fulfilling an important duty under section 41 of the Health Act 2007. Part of this regulatory duty is a statutory discretion to refuse registration if the Authority 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 process confirms publicly and openly that registered providers are, in the terminology of the law, "fit persons" and are legally permitted to provide that service.

Other elements of the process designed to assess the provider's fitness include, but are not limited to: the information provided in the application to register, the Fit Person self-assessment, the Fit Person interviews, findings from previous inspections and the provider's capacity to implement any actions as a result of inspection.

Following the assessment of these elements, a recommendation will be made by inspectors to the Chief Inspector. Therefore, at the time of writing this report, a decision has not yet been made in relation to the registration of the named service.

The findings of the registration inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Resident's comments are found throughout the report.

The registration inspection report is available to residents, relatives, providers and members of the public, and is published on www.hiqa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Knockeen Nursing Home is located off the main Wexford to New Ross road (N25), four miles from Wexford town.

It is a purpose-built, two-storey facility which was established in 1993. All accommodation for residents' use is on the ground floor.

The service can currently accommodate 43 residents and provides long-term, respite, palliative and dementia care for older persons. There were systems in place to support residents in the different categories of care for example; palliative care and for residents with varying degrees of cognitive impairment.

The existing accommodation consisted of 39 single en suite bedrooms with toilet, shower and wash-hand basin facilities. There were two double rooms with toilet, shower and wash-hand basins. There were two assisted bathrooms with baths, toilets and wash-hand basins. Other facilities for residents' use included two sitting rooms, sun room, dining area, hospitality room, oratory, and a hairdressing salon.

The provider has applied for an increase in bed numbers from 43 to 49. The new extension comprises of seven bedrooms with en suite shower, toilet and wash-hand basin. This extension will result in having 45 single rooms and two double rooms giving a total capacity for 49 residents. There is an additional dining room, multipurpose room, smoking room and store room.

The second floor has been converted into offices, general storage and staff changing area.

There is a large central courtyard with seating available for residents' use. There is ample car parking space.

Services provided include, art therapy, physiotherapy and complimentary therapies.

Date centre was first established:			15 September 1993	
Number of residents on the date of inspection:			41	
Number of vacancies on the date of inspection:			2	
Dependency level of current residents:	**Max**	**High**	**Medium**	**Low**
Number of residents:	10	15	12	4
Gender of residents:			**Male (✓)**	**Female (✓)**
			8	33

Management structure

Knockeen Nursing Home is a limited company which has two directors, Cyril Darcy and Mary Doran. Mary Doran is the nominated Registered Provider and the Person in Charge. The Person in Charge is supported by a Clinical Nurse Manager (CNM) who deputises for the Person in Charge in her absence. A team of nursing staff, care staff, housekeeping and catering staff support the Person in Charge.

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

This report set out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority for registration under Section 48 of the Health Act 2007.

Inspectors met with residents, relatives, and staff members, over the two day inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

A fit person interview was carried out with the provider/ person in charge, who had completed the fit person self-assessment document in advance of the inspection. This was reviewed by inspectors, along with all the information provided in the registration application form and supporting documentation.

Inspectors found substantial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. This was reflected in the positive outcomes for residents which were confirmed by residents and relatives and evidenced throughout the inspection.

Inspectors found evidence of substantial environmental improvements since the last inspection and while areas were identified for further improvement on this inspection, inspectors were satisfied that the provider/person in charge and management team were committed to the provision of a quality person centred service to residents.

Residents were chatty and keen to engage with inspectors, inspectors' were satisfied that residents comments confirmed that residents were very happy with the services provided.

Staff demonstrated good knowledge of the residents' needs, preferences, likes and dislikes. There was evidence of meaningful engagement and communication between residents, staff and family members.

Inspectors found that residents' health needs were met and there was access to medical and peripatetic services. There were adequate staffing levels to meet residents' needs observed on inspection and the staff knew the residents very well. Inspectors found that residents were safe in the centre and risk was managed.

The previous inspection identified areas which required attention. The registered provider/ person in charge and staff have been very proactive in their approach to strive for continuous improvement.

Other areas requiring attention to enhance the many findings of good practice are discussed under the outcome statements and the related actions are set out in the Action Plan under the relevant outcome.

Section 50 (1) (b) of the Health Act 2007

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

1. Statement of purpose and quality management

Outcome 1

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

References:

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

Inspection findings

There was a recently updated statement of purpose and function seen by the inspectors which described the service and facilities that is provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It outlined how residents were consulted on the running of the centre and in their care planning; this was seen to take place in practice by the inspectors and was confirmed by the residents.

The statement of purpose and function did not meet all the requirements of Schedule 1 of the (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Omissions included names on the organisational structure, number and size of rooms. It required more detail on the arrangements for residents to engage in social activities and needed to specify if there were any separate facilities for day care. The statement of purpose requires an implementation date, a review date and version control.

Outcome 2

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

References:

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

Inspection findings

The provider/ person in charge had undertaken a survey with the residents on the quality and care provided by the staff. The inspector saw evidence of this satisfaction survey which evaluated the care and general satisfaction with the service provided.

There was a suggestion box located at the front entrance. The person in charge meets with residents daily and residents and relatives confirmed this.

Since the previous inspection the person in charge in consultation with their pharmacist had began to audit medication management practices, however, inspectors did not see evidence of change/ improvement brought about as a result of learning from the review. Inspectors did not see any further development of clinical audit which would improve and monitor the quality and safety of care. A residents' forum, as outlined in legislation, is not available for residents to enable them to have their say in the running of the nursing home.

The inspectors saw that there was a log of all accidents and incidents that took place and that these were reported to the Chief Inspector as required by legislation. The inspectors reviewed these notifications prior to and during the inspection and was satisfied with actions taken.

Outcome 3
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:
Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

There was a complaints policy with a staff member nominated as the complaints officer. Residents and relatives reported to inspectors that they had easy access to the person in charge and they could openly report any concerns to her or other named members of staff. They held the view that their concerns were taken seriously and acted upon.

The person in charge stated that most complaints/concerns were dealt with as they arise. Inspectors viewed the complaints log which included details of the complaint and how it was managed. The person in charge said once the complaint has been investigated she would write to the complainant outlining the investigation conducted.

However, inspectors saw that the complaints procedure was not displayed in a prominent position in the centre and it did not contain an independent appeals process as required by the regulations.

2. Safeguarding and safety

Outcome 4
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Inspection findings

Inspectors found that although there were measures in place to protect residents from being harmed or suffering abuse they did not find them sufficient as not all staff had received elder abuse training.

Residents spoken to confirmed that they felt safe in the centre. They primarily attributed this to staff being available to them and their experience of receiving a high standard of care.

Staff interviewed had appropriate knowledge of the elder abuse policy, types of abuse and of what to do if they ever suspected or came across a case of abuse; however, training records seen by inspectors and a number of staff interviewed confirmed that all staff had not received training on elder abuse.

At the time of inspection there were no recorded incidents or allegations of abuse.

Signed records of resident's finances were kept and all transactions were countersigned by residents, however, inspectors saw that these records were only signed by one staff member.

Outcome 5
The health and safety of residents, visitors and staff is promoted and protected.

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

Inspection findings

Practice in relation to fire safety and emergency planning did not sufficiently promote the safety of residents, visitors and staff.

The environment was observed to be bright, clean and well maintained throughout. The kitchen was clean and well organised. Catering staff interviewed had received food handling training, and records of training reviewed by inspectors were up-to-date.

The inspector viewed the centre-specific safety statement and there was an organisational risk assessment policy. The health and safety statement also identified hazards, dealt with risks to the environment and set out actions and controls to manage these. Clinical risk assessments are undertaken including falls risk assessment, nutritional assessments, pressure ulcer prevention, and assessments for dependency, and continence promotion.

Moving and handling training was provided regularly to staff and the inspectors viewed training records to show all staff had received this mandatory training.

There was a good awareness of risk assessment by staff which balanced risk and residents' independence. Several measures were in place to safeguard against accidents and promote independence including safe and appropriate floor coverings, hand rails on corridors; good storage space for equipment; many residents had other assistive devices to enable independence.

The centre had wide corridors enabling easy access for residents in wheelchairs and those people using walking frames or other mobility appliances. Inspectors observed residents moving independently around the corridors using their individual mobility aids. Hoists and other equipment were all maintained and service records were up-to-date.

Inspectors observed staff abiding by best practice in infection control with regular hand washing, and the appropriate use of personal protective equipment such as gloves and aprons. Hand sanitizers were also present at the entrance to the building and in all residents' bedrooms.

The fire policies and procedures were centre-specific. Documentation on fire safety practices were recorded and found to be satisfactory and staff interviewed were aware of what to do in the event of fire. Fire safety equipment was serviced on an annual basis. All fire exits observed during inspection were unobstructed.

There was an internal emergency plan in place with emergency procedures and contact numbers.

Outcome 6
Each resident is protected by the designated centres' policies and procedures for medication management.

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

Inspection findings

Medications are prescribed, stored, and disposed of appropriately in line with An Bord Altranais Guidance for Nurses and Midwives on Medication Management (2007) however, a number of improvements were identified in medication management and

recording sheets to be compliant with best practice guidance and the medication management policies and procedures require review in line with issues identified.

Medications were stored individually in residents' rooms in a locked press within the wardrobe. This practice was seen by inspectors to be person-centred and residents' confirmed that they liked this system. However, the inspectors observed a nurse administering the lunchtime medications in the dining room, the nurse brought all the required medications pre-prepared in individual pots on an open tray with loose cover to the dining room and administrated the medications to each resident. The nurse also stated that she had signed the medication administration sheets before giving the medicines to residents.

These practices are unsafe and not in accordance with best practice and does not meet professional guidelines.

Systems and procedures in relation to transcribing medication left margins for error. For example, medication charts which had been transcribed were not signed and dated by the transcribing nurse as observed by inspectors. There was no system in place for recording medication errors and the practice of transcribing was not subject to audit.

There was no photographic identification on either care plans or medication documentation.

Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded in a register. However, stock levels were not recorded at the changeover of shifts as required by An Bord Altranais Guidance to Nurses and Midwives on Medication Management (2007). There was a fridge available for items requiring cool storage. All unused medication is returned to the pharmacy.

3. Health and social care needs

Outcome 7

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

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents

Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan

Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

Inspectors found a good standard of evidence-based nursing care and appropriate medical and allied health care provided. Residents had opportunity to participate in meaningful activities, appropriate to their interests and preferences. The arrangements to meet residents' assessed needs were set out in individual care plans. There was evidence that they were drawn up with the involvement of residents and were subject to review.

The centre had sufficient general practitioner (GP) cover and the GP's provided out-of-hours services. Residents were encouraged to retain their own GP but where this was not possible the person in charge assisted them to transfer to a local GP. Review of residents' medical notes showed that GP's visited the centre regularly and nurses confirmed that GP's were available by phone at any time to offer advice. The sample of medical records reviewed also confirmed that the health needs and medication of residents were being monitored on an ongoing basis and no less frequently than at three-monthly intervals. Inspectors met with one GP who was in the centre visiting his patients. He outlined that the centre was well run and there was always a very high standard of care provided by the staff.

Residents had access to a range of other health services, including dietetic, chiropody, ophthalmology, physiotherapy and dental services. Inspectors examined a sample of care plans and found that comprehensive person-centered care plans were in place. Recognised assessment tools were used to promote health and address health issues. These included assessments for risk of pressure ulcers, malnutrition, and falls risk and appropriate measures were put in place to manage and prevent risk. There was an emphasis on social care within care plans to promote residents' social care needs. Three-monthly reviews were completed, dated and signed by staff and residents.

All of the residents spoken to commented on the various activities available to them, including rosary/mass, organised trips, exercise classes, cards, and importantly, the quite of their own rooms to relax, read, or visit with other residents. Inspectors saw photographs of many outings and parties which had taken place.

Inspectors observed the manner in which residents with cognitive impairment were sensitively encouraged to take part in activities. For those residents with dementia there was evidence of activity focussed care, the use of life stories, hand massage, Sonas, and music to enhance interaction and communication. Inspectors observed staff reading newspapers with a group. Inspectors observed staff taking the time to reassure residents with dementia, speaking slowly, clearly and sensitively, and

repeating the information to residents to ensure that the resident understood what was being said to them.

The centres' policy on the use of restraint included a direction to consider all other alternative interventions. However, the practice in relation to the use of restraint required improvement.

Inspectors reviewed the care plans of some residents who had bedrails in place and found that other options had not been explored before implementing this practice. There was no evidence that the use of restraint was subject to assessment, and ongoing review. Risk assessments were not undertaken before introducing bedrails. The residents' records did not provide detail on the reason for the use of restraint and the duration of its use and consent for the use of bedrails had not been obtained nor was there evidence that restraint was discussed with relatives.

Outcome 8
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:
Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

Caring for residents at end-of-life was regarded as an integral part of the care service provided in the centre. This practice was informed by the centres' policy on end-of-life care, which was observed by inspectors to be implemented in practice.

A sample of care plans showed that residents' end-of-life care needs were assessed and documented, and there was detailed evidence of regular involvement with the palliative care team, including the palliative care consultant.

Training for staff has commenced regarding aspects of palliative care including the use of syringe drivers to further enhance care.

In accordance with residents' assessed needs referrals were made to the hospice care team to advice on and support symptom management.

Accommodation was made available for families to stay overnight if they so wished. Inspectors interviewed the relative of a resident at end of life care on her request. She stated that the family were made to feel welcome at all times, meals were provided if required and staff showed nothing but kindness and respect to both resident and relatives.

Outcome 9
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.

References:
Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

A policy regarding nutrition was available that incorporated a recognised nutritional assessment tool which identifies those at risk of under nourishment. Residents' weights were checked monthly and more frequently if necessary.

Residents had access to fresh water and other fluids at all times. Designated staff visit residents several times during the day offering water, juices, tea, coffee and snacks. Water dispensers were available throughout. Residents said their jugs of water are changed throughout the day.

Many of the residents were seen to enjoy their lunch in the bright, relaxed central dining room where tables were set with condiments and appropriate cutlery. Other residents choose to have their meals in their bedrooms. On the day of the inspection the quality of meals was seen to be of a good standard, and was confirmed by inspectors' sampling of the food.

Inspectors saw residents being offered a variety of snacks, fruit and drinks throughout the day. Residents told inspectors that they could have tea or coffee and snacks any time.

Inspectors who met the chef discussed the special dietary requirements of individual residents and saw that she kept information on residents' dietary needs and preferences in the kitchen.

4. Respecting and involving residents

Outcome 10
Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:
Regulation 28: Contract for the Provision of Services
Standard 1: Information
Standard 7: Contract/Statement of Terms and Conditions

Inspection findings

The inspector noted that residents had a contract of care but many of these required updating as they did not stipulate what was included in the fee and what was outside of the fee.

Outcome 11
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

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

Inspection findings

Residents, visitors and staff told inspectors that the person in charge was always available and they felt that communication was welcomed and encouraged. Inspectors observed good interactions between staff and residents. There was a high visibility of staff in communal areas observed chatting freely with residents. Residents stated that they could talk to staff at any time.

Relatives were satisfied with information provided by staff about residents' healthcare and general wellbeing.

Residents had daily newspapers delivered to their rooms each morning and additional copies were available in the day room.

All residents interviewed indicated that they had privacy in all aspects of personal care which was observed by inspectors. The manner in which residents were addressed by staff was appropriate and respectful. Staff knocked before entering residents' bedrooms, waited for permission before entering. Advisory notices were placed on doors while personal care was being delivered and when residents were resting thereby protecting the privacy of residents. Residents were dressed well and according to their individual choice.

Mass was said three times per week in the oratory and rosary daily. Some residents excused themselves from the interview with inspectors to attend mass. Other religious denominations visit when required.

Visiting is unrestricted and people were seen visiting throughout the day.

Daily life in the centre maximised the residents' capacity to exercise choice and personal autonomy. Residents told inspectors that they could choose the time to get up and go to bed. Breakfast was served from 07:00hrs to 10:00hrs to accommodate the wishes of various residents. Some residents preferred to have breakfast early in the morning and this was facilitated.

Satisfaction surveys were viewed by inspectors which indicated that residents were satisfied with the services provided. However, there was no residents' committee in operation as required by the regulations.

Outcome 12
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings

Inspectors saw and residents confirmed that they were encouraged to personalise their rooms. Residents' bedrooms were comfortable and many were personalised with residents' own furniture, pictures and photos. Inspectors saw that one resident had her pet canary in her room.

The system in place for managing residents' clothing was effective. Residents stated that they were happy with the way their clothing and personal belongings were managed in the centre.

5. Suitable staffing

Outcome 13
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Inspection findings

The post of person in charge was full time and held by a registered nurse with many years of experience in the area of nursing of older people. Inspectors observed that she had a strong and inclusive presence in the centre and there was evidence of good leadership.

All members of the team were clear about their areas of responsibility and reporting structures and the management structure ensured sufficient monitoring of and accountability for practice. The person in charge's knowledge of the regulations and standards and her statutory responsibilities were demonstrated to inspectors.

Throughout the inspection process the person in charge demonstrated competence, insight and a high commitment to delivering good quality care to residents informed by ongoing learning, consultation and review of practice with all team members.

Outcome 14
There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

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

Inspection findings

Inspectors found that the levels and skill-mix of staff were sufficient to meet the needs of residents on the day of inspection and a review of staffing rotas indicated that these were the usual arrangements. The person in charge outlined to the inspector the staffing complement to be deployed once occupancy levels increased. The inspector found this to be satisfactory pending on dependencies of residents.

There was a policy for the recruitment, selection and vetting of staff. However, it was not reflected in practice. A sample of personnel files found that they were missing the required three references, professional identification numbers (PIN) for nursing staff, while another did not contain evidence of physical and mental fitness.

Staff informed inspectors that copies of both the regulations and the standards had been made available to them and staff spoken to said they were also discussed at

staff meetings. Inspectors saw evidence of same. Staff were clear about their roles and responsibilities and were able to explain these to inspectors. The management structure and reporting relationships were clearly understood. New staff worked alongside existing staff, observing procedures and practices and reading policies and completed an induction programme as observed by inspectors

Staff training and education records reviewed by the inspectors confirmed that 12 care staff had completed four modules of Further Education and Training Award Council (FETAC) Level 5 award. Records also confirmed that all staff had undertaken fire training, manual handling training. However, as reported previously under Outcome 4 not all staff had completed elder abuse training. Some professional development training was provided to staff such as infection control. The person in charge and a staff nurse informed inspectors that they were undertaking a palliative care course.

Inspectors viewed minutes of the recent staff meeting which included discussions on enhancing positive outcomes for residents, medication management and complaints.

There were volunteers working in the centre, however, inspectors found that they were not Garda Síochána vetted appropriate to their role.

6. Safe and suitable premises

Outcome 15
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:
Regulation 19: Premises
Standard 25: Physical Environment

Inspection findings

The existing centre was purpose-built, with a good standard of private and communal space and facilities. The environment was bright, clean and well maintained throughout. Residents reported that the centre offered a homely comfortable environment and told inspectors that they enjoyed the lifestyle provided. Communal areas such as the day-rooms had a variety of pleasant furnishings and comfortable seating.

As outlined previously the new extension is almost complete which will accommodate 45 single en suite rooms and two double rooms. Residents had been involved in colour schemes for the new bedrooms and a resident confirmed this to an inspector. During inspection inspectors saw residents viewing the new extension with their relatives.

The centre had secure landscaped garden with lots of colourful flower beds and green areas. The garden was safe for use by all residents, and residents told inspectors that they enjoyed spending time in the garden during fine weather.

There was a small patio area to the side of the building and inspectors were informed that when the weather was fine, residents would sit there. The person in charge said that further development of the gardens would be completed once the extension was finalised.

There was appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. The wide corridors enabled easy accessibility for residents in wheelchairs or those with mobility aids. They also aided safety as residents could pass each other without any difficulty. Hand-rails were available to promote independence. Hoists and other equipment had been maintained and service records were up-to-date.

There was adequate storage space provided for in the new extension. There were staff facilities available.

7. Records and documentation to be kept at a designated centre

Outcome 16
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

Inspection findings:

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

Resident's Guide

Substantial compliance ☐ Improvements required * ☒

Access to the most recent inspection report was not identified.

Records in relation to residents (Schedule 3)

Substantial compliance ☐ Improvements required * ☒

The directory of residents was not in accordance with the regulations. Omissions included the address of GP's.

General Records (Schedule 4)

Substantial compliance ☐ Improvements required* ☒

A record of all visitors to the designated centre, including the names of visitors was not maintained.

Operating Policies and Procedures (Schedule 5)

Substantial compliance ☒ Improvements required* ☐

Directory of Residents

Substantial compliance ☐ Improvements required* ☒

The directory of residents was not in accordance with the regulations. Omissions included the address of GP's.

Staffing Records

Substantial compliance ☐ Improvements required* ☒

Records of current registration details of nursing staff were not maintained. Other omissions in staffing records included three references and evidence of physical and mental fitness for the purposes of work that staff are to perform.

Medical Records

Substantial compliance ☐ Improvements required* ☒

Records were not maintained of any occasion on which restraint is used, the nature of the restraint and its duration.

Insurance Cover

Substantial compliance ☒ Improvements required* ☐

Outcome 17
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Inspection findings

Since the previous inspection practice in relation to notifications of incidents was satisfactory.

Inspectors reviewed a record of all incidents that had occurred in the designated centre since the previous inspection. All relevant incidents were notified to the Chief Inspector as required.

Outcome 18
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.

References:
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

Inspection findings

There were appropriate arrangements in place for the absence of the person in charge.

The clinical nurse manager deputises for the person in charge. Inspectors were informed that there have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider/ the person in charge, company director and the nurse manager 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

Íde Batan
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

30 May 2011

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

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

Provider's response to inspection report*

Centre:	Knockeen Nursing Home
Centre ID:	0243
Date of inspection:	24 May 2011 and 25 May 2011
Date of response:	15 June 2011

Requirements

These requirements set out the actions that must be taken to meet 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*.

Outcome 1: Statement of purpose and quality management

1. The provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose and function did not contain all the information required as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Update the written statement of purpose to include a statement of matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Reference:

Health Act 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Statement of purpose to be amended.	 31 July 2011

Outcome 2: Reviewing and improving the quality and safety of care

2. The provider is failing to comply with a regulatory requirement in the following respect:

There was no system for reviewing on an ongoing basis the quality and safety of care and services provided to residents, staff and visitors.

Action required:

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals. Improvements are clearly demonstrated and corrective action plans implemented.

Action required:

Consult with residents and their representatives in relation to the system for reviewing and improving the quality and safety of care, and the quality of life of residents.

Reference:

Health Act 2007
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Forum to be set up by independent advocate to include residents and relatives.	 30 June 2011

Outcome 3: Complaints procedures

3. The provider is failing to comply with a regulatory requirement in the following respect:

The complaints policy and procedure was not fully compliant with regulation 39.

Action required:

Have a person available, independent to the person nominated in regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under regulation 39(7) maintains the records specified under regulation 39(7).

Action required:

Ensure the complaints procedure contains an appropriate independent appeals process, the operation of which is included in the designated centre's policies and procedures.

Action Required:

Ensure that the complaints procedure is displayed in a prominent position.

Reference:

Health Act 2007
Regulation 39: Complaints Procedure
Standard 6: Complaints

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Complaints procedure to be amended and displayed at front entrance.	 31 July 2011

Outcome 4: Safeguarding and safety

4. The provider is failing to comply with a regulatory requirement in the following respect:

The training records reviewed by inspectors showed that not all staff had attended elder abuse training.

Action required:

Provide elder abuse training to all staff to meet the needs and protection of the residents and to enable staff to provide care in accordance with contemporary evidence-based practice.

Reference:

Health Act 2007
Regulation 6: General Welfare and Protection
Regulation 17: Training and Staff Development
Standard 8: Protection
Standard 24: Training and Supervision

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Training to be provided for remaining staff.	 30 September 2011

Outcome 5: Health and safety and risk management

5. The provider is failing to comply with a regulatory requirement in the following respect: Collectively risk management policy, health and safety documentation and the emergency plan did not address all of the risks as set out in the legislation.
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.
Action required: Ensure that the risk management policy covers the precautions in place to control the following specified risks: assault; accidental injury to residents or staff; aggression and violence; and self-harm.
Action Required: Ensure that the risk management policy and procedure covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.
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: Policy to be reviewed and updated.	 30 September 2011

Outcome 6: Medication management

6. The provider is failing to comply with a regulatory requirement in the following respect:

Nursing staff did not adhere to An Bord Altranais Guidelines, legislative and regulatory requirements on the prescription, administration and storage of medications including scheduled controlled drugs.

Action required:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Action required:

Ensure by providing education and any other means that all medication practices and procedures are compliant with current legislation and An Bord Altranais Guidelines.

Reference:

Health Act 2007
Regulation 25: Medical Records
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Further audit by pharmacist due in next two weeks same to be recorded and documented.	 30 June 2011

Outcome 7: Health and social care needs

7. The provider is failing to comply with a regulatory requirement in the following respect:

Restraint practice and recording of the use of restraint was not in line with best practice, national guidelines and regulatory requirements.

Action required:

Accurate documentation shall be maintained of assessment, consent, the nature of the restraint, review, removal of the restraint, and opportunity for motion and exercise and all other matters as prescribed so as to comply with best practice, policy and regulatory requirements in relation to restraint.

Action required: Provide residents and their representatives with the information required to make an informed decision about any proposed medical intervention or treatment. Written consent reflects this discussion and is specific to the proposed intervention, treatment or care giving.
Reference: Health Act 2007 Regulation 6: General Welfare and Protection Regulation 10: Residents' Rights, Dignity and Consultation Regulation 25: Medical Records Standard 3: Consent Standard 21: Responding to Behaviour that is Challenging Standard 29: Management Systems Standard 24: Training and Supervision

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A new policy approach is to be adopted in this area.	30 June 2011

Outcome 10: Contract for the Provision of Services

8. The provider is failing to comply with a regulatory requirement in the following respect: The inspector noted that residents had a contract of care but many of these required updating as they did not stipulate what was included in the fee and what was outside of the fee.
Action required: Ensure that contract of care stipulate what was included in the fee and what was outside of the fee.
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: Contracts of care to be reviewed.	30 August 2011

Outcome 11: Residents' rights, dignity and consultation

9. The provider is failing to comply with a regulatory requirement in the following respect: There was no residents' forum in operation.
Action required: Put in place arrangements to facilitate individually and/or collectively consultation with and the participation of the residents in the organisation of the designated centre.
Action required: Demonstrate that feedback is actively sought on an ongoing basis on the services provided.
Reference: Health Act 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 2: Consultation and Participation

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Forum to be set up.	 31 August 2011

Outcome 14: Suitable staffing

10. The provider is failing to comply with a regulatory requirement in the following respect: Staff personnel files viewed by inspectors did not meet all the criteria set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).
Action required: Ensure that staff files meet all the criteria set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).
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: All staff files will comply with Schedule 2.	 30 June 2011

11. The provider is failing to comply with a regulatory requirement in the following respect:

Volunteers did not have their roles and responsibilities set out in a written agreement and there was no evidence that they were vetted appropriate to their role.

Action required:

Ensure that volunteers have their roles and responsibilities set out in a written agreement and are vetted appropriate to their role.

Reference:

Health Act 2007
Regulation 34: Volunteers
Standard 22: Recruitment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Vetting in progress.	 30 September2011

Outcome 16: Records and documentation to be kept at a designated centre

12. The provider is failing to comply with a regulatory requirement in the following respect:

The Residents' Guide was not in accordance with the regulations

Action required:

Ensure that the Residents' Guide is in accordance with the regulations.

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: Residents' Guide to be amended.	 30 September 2011

13. The provider is failing to comply with a regulatory requirement in the following respect:

A record of all visitors was not maintained in the centre.

Action required:

Ensure that a record of all visitors is maintained in the centre.

Reference:

Health Act 2007
Regulations 21-25: The records to be kept in a designated centre
Standard 1: Information

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A visitor's book will be available in the front hall.	 30 June 2011

14. The person in charge is failing to comply with a regulatory requirement in the following respect:

The current registration of nursing staff employed at the centre was not available.

Action required:

Ensure that all current registration of nursing staff employed at the centre is available at all times.

Reference:

Health Act 2007
Regulation 21-25: The records to be kept in a designated centre.
Standard 23: Staffing levels and Qualifications

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Will be available.	 20 June 2011

15. The provider is failing to comply with a regulatory requirement in the following respect: The directory of residents was not in accordance with the regulations.	
Action required: Ensure that the directory of residents is in accordance with the regulations.	
Reference: Health Act 2007 Regulation 23:Directory of Residents Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Amended register will be available from 30 June 2011.	 30 June 2011

Any comments the provider may wish to make:

Provider's response:

Visitor register:
We have a problem as regards the visitors register for the following reasons:

- it is highly questionable what purpose this register serves
- if it is for fire regulations how could any provider guarantee compliance of all visitors, how could it be policed
- it could be used as a tracking device by other visitors to spy on family members
- it could also be used by outsiders to see who visits who
- we feel it is a gross interference with residents privacy within what is now their home

Photo identity:
We have problems with regards photo identification. This requirement serves no purpose in our nursing home as all new staff are orientated to all residents before they work independently. We feel it is unfair and undignified to request passport photographs from any of our residents.

Provider's name: Mary Doran

Date: 13 June 2011