

Centre name:	Cois Abhainn
Centre ID:	0583
Centre address:	Greencloyne
	Youghal
	Co Cork
Telephone number:	024-92765
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Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered provider:	Health Service Executive
Person authorised to act on behalf of the provider:	Teresa O'Donovan
Person in charge:	Mary Terry
Date of inspection:	21 November 2011 and 22 November 2011
Time inspection took place:	Day 1 Start: 08:45hrs Completion: 18:00hrs Day 2 Start: 08:45hrs Completion: 16:50hrs
Lead inspector:	Caroline Connelly
Support inspector(s):	Catherine O'Keeffe
Type of inspection:	<input checked="" type="checkbox"/> Registration <input checked="" type="checkbox"/> Announced <input type="checkbox"/> 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

Cois Abhainn Residential Centre is a single-storey building providing long-term, convalescence and respite care to residents with low to medium dependency needs. It is registered for the care of 32 residents and there were 28 residents living there on the day of inspection. The layout, furnishings and décor are homely and comfortable, with ample private and communal areas for residents' use.

Residents' accommodation comprises 20 single bedrooms and four three-bedded rooms all of which have wash-hand basins. The building is divided into two sides; the male side consists of nine single bedrooms and a male toilet block. The female side consists of ten single bedrooms and a block of three female toilets. Along the back corridor there are four three-bedded rooms and one single room. One toilet is provided between two three-bedded rooms and further toilets are provided in the bathroom and in the entrance lobby. There is one assisted bathroom with a specialist bath and one assisted shower room.

Communal accommodation comprises of one main lounge/TV room, a smaller lounge with a TV, a quiet room for relaxing and reading and a large dining room. A smoking room with appropriate ventilation is provided for residents who wish to smoke and a lovely oratory with stained glass windows is provided for all residents' use.

There is an inner courtyard/garden which has been renovated to provide a picturesque sensory garden with raised flower beds, safe walking areas and seating for residents to enjoy. There is also a seating area and gardens to the front of the building with ample car parking available for residents, relatives and visitors.

Cois Abhainn is located on the outskirts of Youghal town and is within walking distance of shops, banks, the post office, church and all other local amenities.

Date centre was first established:			1976	
Number of residents on the date of inspection:			28	
Number of vacancies on the date of inspection:			4	
Dependency level of current residents as provided by the centre:	Max	High	Medium	Low
Number of residents:	0	6	9	13
Gender of residents:			Male (✓)	Female (✓)
			9	19

Management structure

Cois Abhainn is operated by the Health Service Executive (HSE). The Registered Provider is the HSE represented by General Manager, Teresa O'Donovan. The Person in Charge is Sinead Motherway, who is on maternity leave, and the acting Clinical Nurse Manager 2 (CNM2) Mary Terry is the acting Person in Charge for the period of leave. She reports to the General Manager.

The Person in Charge is supported in her role by an acting CNM2 and a team of nursing staff. Multi-task attendants, catering and administration staff report to the nurse on duty who in turn reports to the Clinical Nurse Manager, who reports to the Person in Charge.

There are two members of administration staff who look after residents' finances and undertake all general administrative duties.

Summary of 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 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. Separate fit person interviews were carried out with the provider and the 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.

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) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Residents' and relatives comments are found throughout the report.

The acting person in charge has been in the role of person in charge since October 2010 when the permanent person in charge went on maternity leave. The person in charge was involved in the day-to-day running of the centre and the registered provider was in regular contact with the person in charge.

Inspectors found that the premises, fittings and equipment were generally of a good standard and very clean and well-maintained. There was a good standard of décor

throughout and well-kept gardens and grounds with plenty of seating were available for residents' and relatives' use.

Inspectors observed that residents appeared to be well cared for, which was further reflected in residents' comments and that their daily personal care needs were well met. The involvement of relatives was actively invited and facilitated by an open visiting policy. The residents' committee provided a voice to residents in the operation of the centre.

Significant issues were identified during this registration inspection regarding aspects of protection of residents and complaints management.

Eight completed questionnaires were received from relatives and residents prior to the inspection and a number of residents and relatives were interviewed in private; many more were spoken with throughout the inspection. The feedback received from them was generally positive and indicated that they were satisfied with the care provided but a number of complaints and issues raised by residents were not documented, investigated, and acted on and residents did not receive information on the outcomes of same. The inspectors found the system in place to deal with complaints in the centre was not sufficiently robust.

The inspectors were also not satisfied with the systems in place for the protection of the residents from any allegations of abuse and an immediate action plan was issued to the provider and person in charge following the inspection for action on the above issues.

A number of other improvements were required to comply with the requirements of 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*. These are dealt with in detail in the Action Plan at the end of this report.

These improvements included:

- introduction of a more robust complaints procedure
- more robust procedures for the protection of residents
- provision of elder abuse training to all staff
- care planning
- further updating of the statement of purpose and function
- some medication practices, policies and procedures required review
- fire training to be provided to all staff
- upgrading of the female toilets.

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

A recently updated statement of purpose and function which described the services and facilities provided in the centre was viewed by the inspectors. It identified the staffing structures and numbers of staff in whole time equivalents. It also detailed 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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2009 (as amended). Omissions included the relevant qualifications and experience of the registered provider and deputy. The sizes of bedrooms and communal space needs to be specified and the type and dependencies of the residents who can be accompanied at the centre needs to be identified.

The statement of purpose is to be kept under review by the provider and is to be made available to residents and relatives.

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

There is an active residents' committee in place which allows residents to raise issues and bring forward their experiences and suggestions of the care and service provided; this will be discussed further in outcome 11.

The person in charge told inspectors that she spoke with all residents daily to establish their experience of the services.

The person in charge had undertaken satisfaction surveys with residents individually in the form of comment cards which were given out to all long term and respite residents asking them to comment on various aspects of the service and facilities from the care, activities, food and information available. There was also space to comment on any aspect of the service they wished to. Inspectors viewed the comments cards and residents confirmed to the inspectors that they had used them. Comments cards and a suggestion box were available in the entrance lobby and residents and relatives were actively invited to have their say on the service either anonymously or signed or they could also talk to the person in charge or staff members. This has led to service improvement for residents as well as influencing life in the centre; for example, changes to the daily menu and food choices.

The person in charge showed the inspectors audits that were completed on medication management, the last one was completed in May 2011, audits on care planning were completed in July 2011, and ongoing hand hygiene audits, the results of which are used for the purposes of ongoing quality monitoring and continuous improvement.

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 policy for the management of complaints and HSE information leaflets were available regarding 'your service your say'. Relatives interviewed all stated they would have no difficulty in bringing any issue to the staff. They outlined that members of staff were approachable and easy to talk with.

The inspectors were concerned that residents were not protected by the complaints process and procedure in the centre as this was not being adhered to by staff. Inspectors saw that the complaints' policy was available to all residents and a complaints' log was maintained but this did not have any entries. The person in charge informed inspectors that issues were usually dealt with through the residents' committee. The inspectors were informed by residents that they had

made complaints to the person in charge and staff members. There were no complaints documented in the complaints book and no record of any investigation and outcome of the complaint and whether or not the resident was satisfied, as is required by legislation. The inspectors found that the complaints system was not sufficiently robust.

Although there was a complaints procedure displayed it did not clearly identify the nominated complaints officer.

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

The inspectors found that there were not reasonable measures in place to protect residents from being harmed or being placed at risk of psychological abuse in the centre.

Although staff had received training in elder abuse detection, a number of staff interviewed were not very clear what they would do if they witnessed abuse or were informed of an allegation of abuse or potential abuse. In the past some staff and residents said they had reported issues of suspected psychological abuse and misconduct to the person in charge but felt little had been done about it.

There was a policy in place but the policy was not followed and appropriate action was not taken in response to allegations of psychological abuse.

Training records given to the inspectors showed that a number of staff had not received elder abuse training.

Notifications were not forwarded to the Chief Inspector as required by legislation:

Residents' finances were safeguarded by the policy on the management of residents' accounts and personal property. Inspectors saw a record of all money and valuables kept in the safe for safekeeping for residents, along with a list of all withdrawals or lodgements which were signed and properly receipted. All financial records are subject to regular internal and external audits and inspectors saw evidence of this and these were maintained to a high standard.

The insurance report was reviewed and found to meet regulatory requirements for the protection of residents' property.

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

The fire policies and procedures viewed by the inspector were centre-specific. The fire safety plan was viewed by inspectors and found to be very comprehensive. There were notices for residents and staff on "what to do in the case of a fire" appropriately placed throughout the building. Fire training was provided to staff in January 2011 and a full fire drill and evacuation took place on 29 July 2011. This drill included 26 residents and eight staff and was assessed by the fire officer as an excellent response. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire and spoke of the emergency plan and list of staff they could call in the event of a fire or any other emergency. However, a member of nursing staff who had worked at the centre for two years had not received fire training.

Inspectors examined the fire safety register with details of all services carried out which showed that fire fighting, fire safety equipment and fire alarms had been serviced in December 2010 and September 2011. All fire door exits were seen to be unobstructed.

Although the provider informed the inspector that an independent assessment of the building had been completed to assess the building for compliance with fire safety and the person in charge reported that the company said they were satisfied the centre met the requirements there was no written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

The centre-specific health and safety statement was seen by the inspectors and had been reviewed in November 2011 and is reviewed annually. Inspectors also viewed the risk management policy which contained numerous safe working practice sheets and hazard identification sheets with control measures. The inspectors saw a comprehensive assessment completed by the person in charge of aspects of safety in the centre, and included the risk identified by the centre being beside a busy main road.

There was a comprehensive emergency plan in place and emergency folders were available in the office of the person in charge and in the nurse's office, which included information on all the residents, phone numbers and procedures to be followed in the event of an emergency.

The person in charge has contracts in place for the regular servicing of all equipment and the inspectors viewed records of all equipment serviced in 2011 and 2010.

Clinical risk assessments are undertaken, including falls risk assessment, assessments for dependency, continence, moving and handling.

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 buildings and throughout staff and resident areas.

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

Improvements in medication administration practices were seen since the last inspection. The medication prescription sheet contained all the required information and included the residents' photos. The inspectors observed a nurse undertaking a medication round and administering the medications using safe administration practice.

Medications were received from the pharmacy on a monthly basis but due to limited storage room on the trolley only a week's supply of medications was kept on the administration trolley. This meant a number of medications had to be removed from original boxes and so the medication would not have the resident's name or expiry date on it and could lead to medication errors. The process in place for the return of unused medications to the pharmacy also required review.

Although there were some policies in place for medication management, further information and updating was required.

The local pharmacist is involved in auditing and reviewing medications and providing advice and education to staff on all aspects of medication management.

On both days of inspection the inspectors saw that the medication trolley was not secured to the wall even though a chain was provided for this purpose, this practice is not in line with An Bord Altranais Guidelines 2007 on medication management.

The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. Nurses were checking the quantity of medications at the start of each shift. The nurses displayed a good knowledge of medications.

A number of residents were facilitated to self administer their medications. Inspectors were informed that this was following a full risk assessment and the resident assessed as being competent. Inspectors viewed the risk assessment and appropriate medication self administration policy.

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

Residents informed inspectors of how they were encouraged to maintain their independence wherever possible and many residents were seen walking around inside and out in the garden areas. One resident had taken on the role of maintaining the garden, others assisted in tidying the dining room.

Residents were provided with the services of a general practitioner (GP) of their choice and, wherever possible, were able to continue to see their own GP. A number of residents went to see their GP in his/her surgery, while others were visited in the centre. The person in charge had liaised with all GPs and had requested for residents to receive a full review of all their medical care and their medication on a three-monthly basis or more frequently as required. But a number of residents' medical notes that were reviewed by the inspectors showed that residents were not being reviewed on a three-monthly basis; some residents' reviews were eight and nine months apart.

Inspectors observed that residents appeared to be well cared for, which was further reflected in residents' comments that their daily personal care needs were well met.

A chiropodist service is available in-house every two weeks. Physiotherapy is available in-house via the community physiotherapist and the inspectors saw equipment in the form of exercise pulleys she had left for residents' use. Occupational therapy is also available for assessment and provision of equipment as required.

Although a dietician does not visit the centre the person in charge told the inspectors they can get dietetic advice and a dietician is available via phone and email.

Residents' files reviewed by inspectors showed that residents had assessments completed on admission for dependency level, moving and handling, pressure sore risk assessment, nutrition, mental test score examination and comprehensive assessments. These assessments were repeated on a three monthly basis or sooner if residents' condition changed.

Care plans were reviewed by inspectors and although they were found to be very person centred in many aspects of care and they included resident's likes, dislikes and daily preferences, they were not fully reflective of the assessed needs of the residents in specific areas, for example they did not identify a care plan for residents who were diabetic or requiring palliative care or other specific aspects of care.

The centre is operated as a complete restraint free environment which is in line with best practice.

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

The centre had policies and procedures for end-of-life care which were centre-specific but as the centre does not cater for residents with maximum dependency care needs, generally residents do not remain at Cois Abhainn for planned end-of-life-care.

Staff told inspectors that they do have access to services of the palliative care team and the local hospice for advice and support to enable them to provide care to residents at end of life in the centre if and when necessary. On the day of inspection there was a member of staff from the palliative home care team there to assess a resident and provide advice and put treatment plans in place. A number of staff have attended end-of-life training and other nursing staff had completed the palliative care course.

Residents' religious needs were facilitated with the provision of an oratory for quiet reflection and prayer. Mass is held weekly and a minister of the Eucharist gives out communion every Sunday. A group of residents say the rosary every evening in the oratory. Residents from other religious denominations stated they also had their religious needs facilitated.

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

Inspectors observed that a varied nutritious diet was provided to residents. Residents told inspectors they had access to drinks and snacks throughout the day. Jugs with water were seen throughout and tea/coffee rounds were seen in the morning and afternoon.

The quality and presentation of meals was of a high standard; meals were served in a pleasant bright dining room where round tables were set in an attractive manner with napkins, condiments and appropriate cutlery. Staff offered assistance if necessary whilst maintaining residents' independence and second helpings of food were offered to residents, of which many availed. Residents were very complimentary about the food and enjoyed the home baking.

Although the menu viewed by inspectors did not offer a choice at lunch time residents informed inspectors that they had a choice if they did not like what was on the menu. The catering staff were very aware of the likes and dislikes of

residents and they would provide a suitable alternative, and residents confirmed this was the case. A notice board was viewed by inspectors in the kitchen detailing all the special diets and all residents' likes dislikes and preferences. Meal times were relaxed and unhurried with many residents remaining at the table after their meal to chat and socialise.

The multi-task attendant who has overall responsibility for catering provided a very high standard in all aspects of her role. She had completed food safety training but she did not have training in Hazard Analysis and Critical Control Point (HACCP) or formal cooking qualifications.

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

Contracts of care had recently been implemented for all residents and were seen by the inspectors. The contracts were comprehensive, were agreed within a month of new admissions and they stipulated the fee to be paid and what was included and excluded from that 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, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

Inspectors observed that residents' privacy and dignity was respected and promoted by staff. Adequate screening was provided in shared bedrooms and staff knocked before entering residents' bedrooms to ensure their privacy and dignity was maintained while personal care was being delivered. A sign system was in operation on residents' bedroom doors; one side of the sign said "please do not enter" and the other side said "please feel free to drop in". Residents spoke of the privacy this afforded them in the knowledge that somebody would not walk into their room if they had the sign out saying not to disturb. Residents had a lockable area in their locker and locks on their wardrobes which allowed them to keep personal belongings safe. The courteous manner in which residents were addressed by staff on the days of inspection was seen by inspectors to be appropriate and respectful.

Inspectors observed that the social and recreational programmes in place met residents' needs. This was confirmed by residents. The activities programme was varied and included arts and crafts, exercise to music, film afternoons, knitting and bingo, which was on during the inspection and was well attended. Residents informed inspectors that they could choose what to attend and what not to attend. Some residents spent time in their rooms or one of the other communal areas if activities were taking place in the main lounge that they did not wish to participate. One resident told inspectors that she enjoyed watching certain programmes in the Sonas room in the morning.

Person-centred care was evident throughout all aspects of the service in Cois Abhainn; residents informed inspectors that they had choice in all aspects of their daily lives including times for getting up, going to bed and in their choice of activities. They told inspectors that they felt empowered to have their say in the running of the centre. Many residents go into town to get their own shopping but the local shop which is close to the entrance of the centre provides a delivery service; on a weekly basis residents can place orders for whatever they want and it is delivered the next day.

Links were maintained with the local community through a number of local musicians, choirs and dance groups who provided entertainment to residents. Many residents went out on a regular basis and some went into town daily. A flexible visiting policy is in place; this was confirmed by residents and relatives. Residents commended staff on how welcoming they were to all visitors. There was ample private space available for residents to meet with their visitors if they did not wish to use their bedrooms.

There are suggestion boxes available for residents' comments and suggestions.

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 pictures and photos. Plenty of storage space including hanging space was provided for clothing and belongings and lockable storage space was also provided.

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 and that their clothing was returned in good condition to them.

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 acting person in charge has been in the role of person in charge since October 2010 when the permanent person in charge went on maternity leave. Prior to this she worked in the centre as a staff nurse and was then promoted to an acting CNM2.

The person in charge works full time and is involved in the day-to-day running of the centre. She has undertaken many extra training courses including a certificate in nurse management, courses in care of the older person, palliative care, basic life support instructor's course, health and safety and dementia training.

The person in charge is supported in her role by an acting CNM2 who acts up for her in her absence this role is shared by two senior staff nurses who act up to CNM2 level for periods of time. Senior staff nurses take charge of the centre at the weekends and at night time.

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

Residents and relatives spoke positively regarding staff and indicated that staff were generally caring and responsive to their needs.

HSE and centre-specific, evidence-based recruitment policies and procedures were reviewed by inspectors and found to be comprehensive.

A number of staff were interviewed by inspectors regarding their recruitment, induction, and ongoing professional development. Review of staff records showed that staff were recruited and inducted in accordance with HSE policy and best practice.

Staffing records viewed by inspectors showed that most staff had mandatory training in, fire drill and evacuation, moving and handling, hand hygiene, and training in elder abuse and protection. As identified in outcome five at least one staff member required fire training. Many of the nursing staff are trained in blood taking procedures.

Further areas of training provided included:

- wound care
- dementia training
- palliative care
- nutritional training
- leading empowered organisation (LEO)
- further Education and Training Awards Council (FETAC) Level 5
- basic life support

Staff with whom the inspector spoke reported a great level of support and encouragement from the person in charge to attend training and keep their knowledge base up to date.

Inspectors saw, and staff confirmed, that the staff facilities were available with lockers, changing area, staff toilet, shower and staff dining room.

The inspectors noted that staffing levels in the evening time had increased since the previous inspection and there were two multi-task assistants now on in the evening and for teatime. Overall the staffing levels and skill-mix were based on the number and dependency levels of the residents.

Although inspectors saw that there were a number of comprehensive staff files, and that the person in charge was working towards attaining all the information required, one of the personnel files reviewed did not have three written references as required by legislation.

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

Residents' bedrooms, communal bathrooms, the laundry, kitchen, gardens, lounges and other communal areas were inspected.

There was a good standard of private and communal space and facilities in the centre; it was observed to be bright and clean throughout, and had appropriate furnishings and colour schemes. Residents spoke of the lovely home they lived in. They told inspectors that they enjoyed the spacious well maintained gardens with plenty of seating available for their and their visitors', use.

The kitchen was clean and well organised. Catering staff interviewed had all received food hygiene training.

There was appropriate assistive equipment available to meet the needs of the residents, such as electric beds, hoists, wheelchairs and Zimmer frames. Hoists and other equipment were all maintained and service records viewed by inspectors were up to date.

The maintenance is undertaken by staff based at another HSE unit in the town and they responded to all the day-to-day maintenance of the building, grounds and equipment.

The waste system was well managed and secure. Staff demonstrated knowledge of the correct bags to use for domestic and clinical waste. The household staff member interviewed was clear on her roles and responsibilities, which included managing spillages and cleaning schedules.

The female toilets require upgrading to ensure the privacy and dignity of the residents is protected.

Currently there is only one assisted bath and one assisted shower to meet the hygiene requirements of 32 residents.

7. Records and documentation to 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:

Regulation 21: Provision of Information to Residents
Regulation 22: Maintenance of Records
Regulation 23: Directory of Residents
Regulation 24: Staffing Records
Regulation 25: Medical Records
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*

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required*

General records (Schedule 4)

Substantial compliance

Improvements required*

Operating policies and procedures (Schedule 5)

Substantial compliance

Improvements required*

Directory of residents

Substantial compliance

Improvements required*

Staffing records

Substantial compliance

Improvements required*

One staff file did not have three written references

Medical records

Substantial compliance

Improvements required*

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

The inspectors saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

The person in charge had notified the Social Service Inspectorate of accidents and quarterly returns but had not given notification to the Authority in regard to allegations of misconduct by staff as required by Article 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Notifications that were sent in were reviewed prior to and throughout the inspection and the inspectors were satisfied with the outcomes and measures that were put in place; however, they were not satisfied with the outcomes of the issues that were not notified, as required by the regulations, as further action was 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

The Chief Inspector was notified of the change to the person in charge when the person in charge went on maternity leave and two further notifications were received when her maternity leave was extended twice. The CNM is available to take charge of the centre in the absence of the person in charge.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider and the person in charge 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:

Caroline Connelly
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

25 November 2011

Provider's response to inspection report*

Centre:	Cois Abhainn
Centre ID:	0583
Date of inspection:	21 November 2011 and 22 November 2011
Date of response:	22 December 2012

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 has failed or 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 time scales	Time scale
<p>Provider's response:</p> <p>The Statement of Purpose has been amended and now includes all the necessary information.</p>	<p>Complete</p>

Outcome 3: Complaints procedures

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Residents were not protected by the complaints process and procedure in the centre as this was not being followed by staff.</p> <p>The inspectors were informed by residents that they had made complaints to the person in charge and staff members. There were no complaints documented in the complaints book and no record of any investigation and outcome of the complaint and whether or not the resident was satisfied, as is required by legislation.</p>
<p>Action required:</p> <p>Investigate all complaints promptly.</p>
<p>Action required:</p> <p>Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.</p>
<p>Action required:</p> <p>Inform complainants promptly of the outcome of their complaints and details of the appeals process.</p>
<p>Action required:</p> <p>Record all complaints and the results of any investigations into the matters complained about. Ensure these records are in addition to and distinct from a resident's individual care plan.</p>
<p>Action required:</p> <p>Make available a nominated person in the designated centre to deal with all complaints.</p>

Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with time scales	Time scale
<p>Provider's response:</p> <p>The complaints procedure has been revised and a new complaints form has been circulated to all residents and staff. Residents and their families have been assured that it is their entitlement to complain and that the service will respond to the complaint. Both residents and staff have been advised that all complaints will be recorded on the complaints form and the outcome of the complaint notified to the complainant and their level of satisfaction ascertained.</p> <p>A programme of relevant training has been identified and is underway for all residents and staff.</p>	<p>Complete</p> <p>30 May 2012</p>

Outcome 4: Safeguarding and safety

<p>3.The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There were not reasonable measures in place to protect residents from being harmed or being placed at risk of abuse in the centre and appropriate action was not taken in response to allegations of psychological abuse.</p> <p>Notifications were not forwarded to the Chief Inspector as required by legislation.</p>
<p>Action required:</p> <p>Put in place all reasonable measures to protect each resident from all forms of abuse.</p>
<p>Action required:</p> <p>Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.</p>
<p>Action required:</p> <p>Maintain a record of all incidences where a resident is harmed or suffers abuse.</p>

Action required:	
Provide suitable training for 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 time scales	Time scale
Provider's response:	
A fire safety compliance survey has been carried out in Cois Abhainn and works are currently being tendered for and are due to commence in early 2012. On completion of these works a Fire Cert of Compliance will issue.	31 March 2012
Fire training for staff is scheduled for January 2012.	31 January 2012

Outcome 6: Medication management

5. The person in charge is failing to comply with a regulatory requirement in the following respect:
Although there were some policies in place for medication management, further information and updating was required.
On both days of inspection the inspectors saw that the medication trolley was not secured to the wall even though a chain was provided for this purpose, and medications were stored out of their original boxes, these practices are not in line with An Bord Altranais Guidelines 2007 on medication management.
Action required:
Put in place appropriate and suitable practices and written operational policies relating to the administration and storage of medicines and ensure that staff are familiar with such policies and procedures.
Reference:
Health Act 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management Standard 15: Medication Monitoring and Review

Please state the actions you have taken or are planning to take with time scales	Time scale
<p>Provider's response:</p> <p>A meeting is to be held in early 2012 with the supplying pharmacist to develop a programme of work to achieve compliance with PSI Practice Notice January 2010 - Supply of Medicines to Residential Facilities for Older People.</p> <p>All staff have been reminded to ensure that the trolley has been secured to the wall at all times by the chain that has been provided.</p>	<p>29 February 2012</p> <p>Complete</p>

Outcome 7: Health and social care needs

<p>6.The provider has failed or is failing to comply with a regulatory requirement in the following respect:</p> <p>Care plans were not fully reflective of all of the needs of the residents.</p>
<p>Action required:</p> <p>The resident's assessed needs are to be set out in an individual person-centred care plan developed and agreed with the resident and/or his/her representative and other staff as appropriate.</p>
<p>Action required:</p> <p>Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances and no less frequently than at three-monthly intervals.</p>
<p>Reference:</p> <p>Health Act 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan</p>

Please state the actions you have taken or are planning to take with time scales	Time scale
<p>Provider's response:</p> <p>Assessed needs of specific needs of residents have been addressed by including an additional page in the care plan highlighting the need and the plan to meet this.</p> <p>GP's are requested to assess their residents three monthly. Letters will be sent to each GP requesting them to adhere to this.</p>	<p>Complete</p> <p>31 January 2012</p>

Outcome 9: Food and nutrition

<p>7. The person in charge is failing to comply with a regulatory requirement in the following respect:</p>	
<p>The multi-task attendant who has overall responsibility for catering did not have training in Hazard Analysis and Critical Control Point (HACCP) or any formal cooking qualifications.</p>	
<p>Action required:</p> <p>Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.</p>	
<p>Action required:</p> <p>Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they have qualifications suitable to the work that they are to perform.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 18: Recruitment Regulation 17: Training and Staff Development Standard 22: Recruitment Standard 24: Training and Supervision</p>	
Please state the actions you have taken or are planning to take with time scales	Time scale
<p>Provider's response:</p> <p>A request has been made to the Performance and Development Department of the HSE to complete a training needs analysis for all staff at Cois Abhainn. Following on from this training needs analysis, a programme of training and education for all staff appropriate to their role and function at the home will be delivered.</p>	<p>30 September 2012</p>

Outcome 14: Suitable staffing

8. The provider has failed or is failing to comply with a regulatory requirement in the following respect:	
Not all staff personnel files had evidence of three written references and therefore do 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:	
Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform and have three written references.	
Reference:	
Health Act 2007 Regulation 18: Recruitment Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with time scales	Time scale
Provider's response:	
There were only two references on one employee's file as this person had been transferred from another site and her documentation had just been received. A third reference will be requested from this employee.	31 January 2012

Outcome 15: Safe and suitable premises

9. The provider is failing to comply with a regulatory requirement in the following respect:	
Inspectors identified a number of issues with the premises which are outlined below: <ul style="list-style-type: none">▪ the female toilet and shower facilities required upgrading to ensure the privacy and dignity of residents▪ assess the requirement of the provision of an extra assisted shower/bathroom to meet the hygiene needs of the residents	
Action required:	
Ensure the premises are of sound construction and kept in a good state of repair externally and internally.	
Make available to the Chief Inspector an action plan outlining future planning regarding compliance of the physical environment 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*.

Reference:

Health Act 2007
Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 19: Premises
Regulation 31: Risk Management Procedures
Standard 4: Privacy and Dignity
Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with time scales	Time scale
<p>Provider's response:</p> <p>There is one assisted shower and one assisted bath in Cois Abhann. Staffing levels at the home allow for only one individual to be bathed at any time. Without an increase in staffing levels, which under the current moratorium on staff recruitment isn't possible, and due to the dependency levels of the residents, an additional shower would not be advantageous.</p> <p>Minor capital monies available for 2011 / 2012 have been prioritised to ensure that all facilities received fire cert compliance; the estates dept have been made aware of the need to complete some minor capital work at Cois Abhainn when additional monies become available.</p>	<p>30 June 2012</p>

Outcome 17: Notification of incidents

<p>10. The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>A record was not maintained of all incidents that occurred in the centre.</p> <p>The Chief Inspector was not notified of allegations of psychological abuse of residents and of allegations of misconduct by staff members.</p>
<p>Action required:</p> <p>Maintain a record of all incidents occurring in the designated centre.</p>
<p>Action required:</p> <p>Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any allegation, suspected or confirmed, of abuse of any resident.</p>

Action required:	
Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any allegation of misconduct by the registered provider or any person who works in the designated centre.	
Reference:	
Health Act 2007 Regulation 36: Notification of incidents Standard 8: Protection Standard 30: Quality Assurance and Continuous Improvement Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with time scales	Time scale
Provider's response: Records will be maintained and notification sent as per regulations.	Immediate

Any comments the provider may wish to make:

Provider's response: We, in Cois Abhann would like to thank the inspectors for their professionalism when conducting this inspection. The feedback was most helpful and we will strive to continue to improve all aspects of life here. We look forward to working with HIQA to improve our service.

Provider's name: Teresa O'Donovan

Date: 22 December 2012