

Health Information and Quality Authority  
Social Services Inspectorate

Registration Inspection report  
Designated Centres under Health Act 2007



<b>Centre name:</b>	Cuan Ros Community Unit
<b>Centre ID:</b>	0521
<b>Centre address:</b>	Kempton Estate Navan Road Dublin 7
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<b>Type of centre:</b>	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
<b>Registered provider:</b>	Health Service Executive
<b>Person authorised to act on behalf of the provider:</b>	Des O'Flynn General Manager
<b>Person in charge:</b>	Elizabeth Rossiter
<b>Date of inspection:</b>	31 May and 1 June 2011
<b>Time inspection took place:</b>	<b>Day 1: Start:</b> 10.00 hrs <b>Completion:</b> 17.00 hrs <b>Day 2: Start:</b> 09.45 hrs <b>Completion:</b> 17.00 hrs
<b>Lead inspector:</b>	Leone Ewings
<b>Support inspector(s):</b>	Sheila McKevitt
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> <b>Registration</b> <input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b>

## 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](http://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

Cuan Ros Community Unit is located off the Navan Road in Dublin, adjacent to the Kempton housing estate. The centre is serviced by a number of bus routes and is close to all local amenities.

Cuan Ros is a 42 bedded purpose-built, single-storey building, currently providing long term and respite care for up to 36 residents for residents over 65 years. One resident living at the centre for a number of years is under 65 years and has physical disabilities. Four respite beds are available; the remaining 32 beds are designated for long term care. When the refurbishment works are completed and staffing complement is in place, the plan is to increase beds.

Day care services are also offered in a designated day care room to persons over 65 years, who live in the local community. This room is also utilised by the residents in the evenings and at weekends.

Accommodation is designed around a central courtyard. There are two single rooms with full en suite shower facilities. The remaining seven four-bedded rooms and six two bedded rooms have one hand-washing sink in each. Two large assisted bathrooms are in place each with bath, toilet and shower facilities.

A small entrance lobby has a key pad entry system in place and opens into a large day space. A large separate dining room with a pantry, smaller reading room, TV room and activities room are also in place. The large main kitchen provides meals for residents and day care clients.

Staff facilities include changing rooms, shower rooms, and a staff dining room, administrative offices, a private meeting room and an office for the person in charge.

At the back of the building a level access landscaped secure garden is available, with seating raised flower beds and a sheltered wooden gazebo.

Storage is provided in a number of smaller clinical stores, and a large store room, which had been converted for storage of larger assistive equipment.

Car parking is available in marked bays to the front of the building.

<b>Date centre was first established:</b>	1996
<b>Number of residents on the date of inspection:</b>	35
<b>Number of vacancies on the date of inspection:</b>	1

Dependency level of current residents:	Max	High	Medium	Low
Number of residents:	21	8	5	1
Gender of residents:			Male (✓)	Female (✓)
			✓	✓

### Management structure

Cuan Ros is owned and managed by the Health Service Executive (HSE). The Acting Director of Nursing Elizabeth Rossiter is the Person in Charge. She reports to Des O' Flynn, General Manager, who in turn reports to Anne O'Connor, the Acting Local Health Office Manager in Dublin North West. A team of care assistants, staff nurses and three Clinical Nurse Managers, catering, administration, household staff and porter all report to the Person in Charge. Medical staff (Senior House Officer) from St Mary's Hospital, Phoenix Park visit the centre each day Monday to Friday, and on Thursdays, the Senior Registrar visits to review. Out of hours cover is provided by a medical agency.

A contract cleaning company provide the cleaning staff and they report to a company supervisor.

**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 assessments, 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, both of whom 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. Residents and relatives completed pre inspection questionnaires on quality of life and service provision.

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

An immediate action letter was issue to the provider on 2 June 2011. Three actions were requested to be addressed further to the findings of the inspection:

- that the person in charge to undertake a formal review of the clinical incident which took place on 22 April 2011. Ensure staff working at the designated centre have the necessary qualification, skills and experience to undertake the care of each resident they are allocated
- ensuring that all medication errors and incidents are recorded, reported and analysed to improve patient safety and prevent reoccurrence
- that the person in charge and the provider shall undertake a review of the use of agency staff by the designated centre. The review to include analysis of staff numbers, supervision arrangements and skill mix to ensure residents are protected and there is a continuity of care.

The response to the immediate action letter was received on 17 June 2011 and found to be adequate and measured, and fully addressed the issues outlined to the provider in the correspondence. In addition measures to address the high temperature of the radiators in the centre had been addressed, and temperatures adjusted to maintain a safe level of 40 degrees.

Overall, inspectors found that resident's wellbeing was central to service provision. The services and facilities outlined in the centres' statement of purpose were reflected in practice and served to meet the diverse needs of residents, including

those residents with a cognitive impairment. However, all matters outlined in Schedule one were not included in the document.

Residents received dignified and respectful care and a high standard of evidence-based nursing care and medical and allied health care. There were appropriate staff numbers and skill mix to the assessed needs of residents, and to the size and layout of the designated centre.

The residents' capacity to exercise choice and personal autonomy was sought and listened to. The physical environment was not fully in compliance with legislative requirements for its stated purpose and function. The provider informed inspectors that plans are in place to upgrade the building to meet the requirements of the regulations, and a project management team are developing plans.

Practice in relation health and safety and the management of risk promoted and ensured the safety of residents and visitors. However, the provider has not submitted evidence that the centre is in compliance with the fire regulations, and the premises internally and externally and required maintenance issues to be addressed.

## 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**

The statement of purpose accurately described the aims, objectives and ethos of the centre. The facilities and services were outlined and reflected those available to residents. However, inspectors were informed that the bed numbers had been temporarily reduced to 36 beds and the statement of purpose submitted on 4 April 2011 was for 42. All matters referred to in schedule one were not included. Omissions were; size of all the rooms in the centre, and qualification and experience of the provider.

The statement is kept under review by the provider and is made available to residents on admission, and following review.

#### **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**

Quality improvement activity and audit was evident at the centre.

The person in charge, clinical nurse managers and staff nurses were involved in gathering information and auditing their practice in relation to falls, infection control, nursing documentation and the use of restraint.

The results of these audits were presented to and reviewed by person in charge at management team meetings and to staff at staff meetings. Environmental audits and hygiene audits also took place.

The person in charge audited the quality of service provided to residents on an annual basis. This last audit in 2010 involved sixteen residents answering questions about the quality of service they received and giving their views and comments. The results for the previous year were read and resulted in some changes to practice, which resulted in a better quality of life for residents'. These included improvements to the activity schedule. An additional survey took place in April 2011 around activities at the centre, but the results had not been analysed at the time of the inspection.

Residents confirmed to inspectors that they had their residents' committee meeting on a monthly basis; they enjoyed this, as their views were listened to and acted upon without delay. For example, the residents said at the last meeting that they would appreciate a daily bulletin on what activities are available.

### **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**

Complaints were well managed.

The local complaints procedure was written in a user-friendly manner and prominently displayed in leaflet format throughout the centre. It was also described in the residents' guide and statement of purpose. The person in charge was identified as the complaints officer. She described her role and the appeals process in detail to inspectors. Inspectors reviewed records of the most recent complaint, following a respite stay and the issues had been addressed in line with the complaints process. These included all relevant details, including how the issue was managed, the outcome of the issue, and the complainants' level of satisfaction with the outcome.

A group advocacy service was accessible to residents'. The inspector saw records that the advocate chairs the residents' committee meeting on behalf of the residents, provides the management with feedback and requests any action required. Details of the advocacy service are available on resident notice boards, in the residents' guide and statement of purpose. Residents' knew the advocate by name and were aware of the service available to them.

## **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**

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

All staff had received training on identifying and responding to elder abuse. A centre-specific policy was available. The person in charge and a number of staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. One report of alleged abuse was made by a resident and investigated in line with the policy. The actions of the person in charge were appropriate and all residents were safeguarded immediately following this report.

A contract security person manned the front entrance area and the grounds of the centre. However, there was no job specification available outlining his roles and responsibilities. Residents told inspectors they felt safe living at the centre. They primarily attributed this to the staff being available to them if they had a concern and to the fact that they received a high standard of care. Both staff and residents spoken to confirmed that the person in charge was available to them on a daily basis.

Inspectors examined records of residents' finances managed by the centre. These were clear, concise and reflected sums of cash held.

### **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**

Good practice in relation to health and safety and the management of risk was promoted by the provider and person in charge.

All staff had received manual handling training. Measures were in place to control and prevent infection, including arrangements in place for the segregation and disposal of waste, including clinical waste. Staff had received training in infection control. They had access to supplies of gloves, disposable aprons, facilities to wash and dry their hands at each wash hand sink and they were observed using the alcohol hand gels which were available throughout the centre. However, the used bed sheets and laundry which was taken off site were stored in a communal area outside the centre where household, kitchen and clinical waste was stored, which was not in line with best practice.

Measures were in place to prevent accidents and facilitate residents' mobility, including safe and appropriate floor covering. Hand rails were provided on both sides of the corridor to promote independence. Residents were observed moving around the building during the day using the handrails for support.

The provider had developed a risk management policy to inform practice and there was an up to date health and safety statement in place, dated 2011. There was evidence of written risk assessments last conducted in May 2011, where identification of hazards had been made, risk rated and any required controls put in place.

There was an emergency plan in the centre. This gave clear direction to staff on what to do if the in the event of any emergency residents' needed to be evacuated from the centre.

Fire safety and evacuation training took place on an annual basis. All staff had attended the training. Inspectors were informed that fire drills were held 6 monthly, records of fire drills were maintained. Key staff had been trained as fire safety wardens in case of fire or evacuation.

A review of fire records showed that all fire safety equipment, including the fire alarm and emergency lighting had been serviced at appropriate intervals. However, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with has not been received by the Authority to date, or with application for registration.

#### **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**

There was a medication policy with procedures for prescribing, administering, recording and storing of medication. Review of records and observation of practice indicated that these procedures were implemented. Controlled drugs were stored

safely in a double locked cupboard and stock levels were recorded at the end of each shift and recorded in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. There were appropriate procedures for the handling and disposal for unused and out of date medicines. However, some improvements around the documentation and audit of medication practice by the person in charge were identified.

As stated in Outcome 2 the good practice outlined above was further developed by a recently introduced system for the review and monitoring of medication management practice by the nursing staff in addition to the local pharmacists monthly review. The last review by the pharmacist took place on 24 May 2011.

Medication errors and omissions were documented; there had been 7 errors to date for 2011. The actions taken by the person in charge following the errors was found to be appropriate. The errors identified in 2010 had been followed up on and learning had taken place, which was disseminated to all staff at staff meetings. Following review of medication administration charts by inspectors, a number of omissions were identified from the administration charts with regard to residents allergy status, drug allergy section was left incomplete which was not in line with the centres policy and procedure on page 10 of the Safe Administration of Medication Policy. Inspectors found that a sample of residents had been administered medication for between 3 – 10 days without this information clearly noted on the medication administration chart.

### **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 were assessed prior to admission. A number of residents had been attending the day centre before admission. The centre had sufficient medical cover co-ordinated from St Mary's Hospital and on call medical service out-of-hours and weekends. Review of residents' medical notes showed that medical officer visited the centre regularly and the person in charge informed inspectors that the medical officers were available by phone any time to offer advice to staff. The sample of medical records reviewed also confirmed that the health needs and medications of residents were being monitored on an ongoing basis and no less frequently than at three-monthly intervals.

Residents had access to a range of other health services, including dietetic, chiropody, physiotherapy, occupational therapy, ophthalmology, speech and language therapy, hearing and dental services. A review of three residents' files confirmed that there was no delay in the referral system in place.

Inspectors examined three care plans and found that they were person-centered. Recognised assessment tools were used to promote health and address health issues. These included assessments for risk of pressure ulcers, malnutrition and falls risk. Appropriate measures were put in place to manage and prevent risk. There was a strong emphasis on medical and nursing care, with prescribed interventions within care plans to promote residents' social care needs, based on residents assessed preferences, interests and capacities. Each resident also had a social history completed on admission. Three-monthly assessment and care plan reviews were completed, dated, and signed by staff. Residents and relatives spoken to confirmed that they had been involved in the initial assessment and ongoing care plan reviews.

All of the residents spoken to commented on the various activities available to them, including walks, exercise classes, cards, and importantly, the quiet of their own rooms to relax.

Residents with a cognitive impairment were encouraged to take part in activities, or where this was not possible; their attention was regularly brought to the activity. For those residents with dementia there was evidence of activity focused care, the use of life stories, reminiscence, and music to enhance interaction and communication. Inspectors observed a member of staff in the day room leading activities. 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. Risk assessments were undertaken before any form of restraint was used. The three residents' records reviewed did provide detail on the reason for the use of restraint and the duration of its use.

### **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 centre. This practice was informed by the centres' policy on end of life care, which was observed by inspectors to be implemented in practice.

Documentation reviewed by inspectors showed that residents' end of life care needs were assessed documented and discussed with residents and relatives on admission. Care plans indicated that residents' wishes regarding end of life care were discussed, and staff members spoken to were knowledgeable about the residents' preferred religious practices, and wishes in relation to end of life care including family members.

Inspectors noted that planned month's mind prayers for deceased residents were displayed on the notice board.

**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**

Residents received a nutritious and varied diet that offered choice. Mealtimes were social occasions which provided opportunities for residents to interact with each other and staff. Staff served the meals course by course from the nearby kitchenette. The quality and variety of food on offer was reviewed from the three week rolling menu, and was found to be excellent. The service levels, however, needed some improvements to ensure the meals were served in a safe and hygienic manner. For example, staff were carrying portions of hot and cold food around the dining room without the use of trays or clean cloths.

Residents were asked what meal they would like, although menu options were not available on each table. Inspectors saw that residents who needed their food pureed or mashed had the same menu options as others and the food was presented in appetising individual portions. Residents who needed assistance with dining received such assistance from staff. Inspectors observed staff sitting with these residents and

assisting them respectfully in both dining rooms and in their bedrooms. Residents told inspectors it was their choice where they dined. Some of the residents with higher dependencies ate in or by their beds.

The dining room was decorated in a homely manner, table settings were adequate and included condiments, sugar bowls and milk jugs and appropriate place settings with napkins for all residents. Inspectors noted there were no table cloths or placemats on the tables. The use of blue plastic aprons to protect clothing could be reviewed to find alternative options to protect clothing. Lunch was an unrushed social occasion. Some staff members chatted with residents and encouraged discussion amongst them. Staff asked residents if they were satisfied with their meals.

Cold water dispensers and a variety of juices were available in common areas and staff regularly offered drinks to residents. Residents told inspectors that they could have tea or coffee and snacks any time. Inspectors observed bowls of fresh fruit in both sitting rooms. However, residents were observed in the sitting room without drinks during activities and quiet times.

Residents had a nutritional assessment completed on admission and three monthly thereafter to identify those at risk of malnutrition. Residents were weighed monthly, those with any weight loss were weighed more frequently. Records showed that some residents had been referred for dietetic review the outcome of which was recorded in their documentation.

**4. Respecting and involving residents**

<p><b>Outcome 10</b> <i>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.</i></p> <p><b>References:</b> Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions</p>
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**Inspection findings**

Contracts were agreed with and provided to residents within a month of admission. They set out the overall care and services provided to the residents and the fees charged. Inspectors noted the wording on page nine of the contract of care relating to insurance liability did not reflect the centres insurance policy in place and this was brought to the attention of the person in charge.

<p><b>Outcome 11</b> <i>Residents are consulted with and participate in the organisation of the centre. Each</i></p>
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*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**

Inspectors found that residents received care in a respectful and dignified manner. Their capacity to exercise personal choice and autonomy was maximised and their views were sought and listened to.

The interaction between all disciplines of staff and residents was good. Staff were observed taking time to sit and chat to residents'. Residents stated that they could talk to staff at any time and that they were approachable. There was at least one member of staff available to residents at all times in the communal sitting room. Residents had access to call bells in all areas of the centre. Inspectors saw staff answer resident call bells without delay and attending to their requests in a prompt manner. Daily newspapers were sought and delivered to some individuals at their request, additional copies were observed in the communal areas. Residents told inspectors they had their post hand delivered daily.

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 thereby protecting the privacy of residents. However, there was no privacy lock in one of the assisted bathrooms, and the door had not been adjusted to ensure privacy since the date of the last inspection.

Daily life in the centre maximised the residents' capacity to exercise choice and personal autonomy. Residents told inspectors that they could decide whether to attend communal or individual activities, whether to eat in their bedroom or the dining room they were facilitated in their choice. They confirmed that living in the centre did not restrict their preferred daily routine. One resident was observed enjoying a late breakfast in the dining room, and told the inspector "the best eggs in Dublin were here".

Contact with family members was encouraged and residents could meet with their visitors in the privacy of their own rooms or in the visitor's room. One resident explained how staff facilitated him to play snakes and ladders with his grandson and how he thoroughly enjoyed this. There were no restrictions on visits. The person in charge explained to inspectors that this was not necessary as family members and other visitors were sensitive to and respectful of residents' wishes and needs. A separate visitor's toilet was not available for use.

A priest visited residents in the centre to say Mass, administer the sacrament of the sick, and provide pastoral care. Other religious denominations were visited by their ministers, as required.

Residents told inspectors that all activities are displayed on their notice board and if they have something special going on that will be on the notice board, one resident gave the example of the date of their next residents' meetings. The activities co-ordinator explained how she conducts a Sonas session with a small group of cognitively impaired residents on a weekly basis. Residents spoken with confirmed satisfaction with the wide choose of activities available to them.

#### **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**

Residents were encouraged to personalise their bedrooms and bed spaces. They showed inspectors their family photos, and personal items. All residents had adequate storage space for their personal items.

There was an established laundry system in place. However, most residents had their personal laundry done by their relatives. The laundry room was well equipped and the laundry staff told inspectors about the different processes for different categories of laundry and demonstrated her knowledge of infection control in doing so. Clothing was marked discreetly on admission by relatives; all residents' clothes were folded and returned to the resident's cupboards by the laundry staff. Residents and relatives expressed satisfaction with the service provided and the safe return of their clothes to them.

There was a policy in place for Residents' Personal Property and Possessions. However, practice did not follow the policy, inspectors noted all residents did not have an up to date list of personal possessions in their file. The person in charge

confirmed, keeping residents' personal possessions updated was not practised for long term residents'.

## **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 the required experience in the area of nursing of older people. The person in charge holds a diploma in management. Inspectors observed that she had good leadership skills. All members of the team, spoken with 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 was sufficiently demonstrated to inspectors.

Inspectors found that clinical leadership was adequate. The person in charge had kept her clinical knowledge up to date and demonstrated a sufficient knowledge of clinical audit. She had established a process for auditing information to identify trends to improve the quality of service and safety of residents.

Throughout the inspection process the person in charge demonstrated competence, insight and a commitment to delivering good quality care to residents informed by on-going learning and review of practice. However, the identified key senior manager when the person in charge is off duty is not clearly identified on the staffing roster.

### **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

## **Inspection findings**

Inspectors found that the levels and skills 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. However, the centre relies on the use of significant numbers of agency staff which may impinge on the capability to provide continuity of care to residents.

There was a detailed policy for the recruitment, selection and Garda Síochána vetting of staff. It was reflected in practice, this was evidenced by a sample of files reviewed by the inspector contained all the relevant documents required as outlined in schedule 2. Agency staff nurses, care assistants and kitchen assistants were working on the day of the inspection. Inspectors spoke to the agency staff and confirmed they had received induction and familiarisation for their roles and responsibilities from the person in charge.

An assessment form was available for completion during the staff induction period, to ensure staff reached an acceptable level of competency at the end of their induction. The director of nursing confirmed that interviews were held with staff during their probationary period. No staff had been recruited recently but a number of staff had been made permanent, and the progress interviews were documented and placed on the staff files.

Staff training records reflected inspection findings of good practice particularly in relation to nutritional assessment, end-of-life care; elder abuse; caring for residents with dementia and infection prevention and control. Staff mandatory training and practices are discussed in outcome 5.

The person in charge confirmed there were volunteers working in the centre. Inspectors spoke with one volunteer who called in to offer the sacrament of communion to residents. She confirmed she had obtained Garda vetting through her own parish, and did not visit the centre on an unsupervised basis. Another volunteer visits the centre through a voluntary organization which offers pet therapy to the residents and residents were seen to enjoy interacting with the dog who was visiting.

A small number of community employment workers were on the roster. Some had defined duties for the hours rostered, including gardening and working in the day centre. However, assistance at mealtimes also took place, and the employee did not have evidence of any basic food hygiene training commensurate with the duties undertaken.

## **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 single-storey, purpose-built building was opened in 1996. The environment was bright, clean 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-room had a variety of pleasant furnishings and comfortable seating. A quiet reading room was available to residents and visitors to facilitate private meetings and visits. A further sitting room overlooked the rear garden and was near the nurses' station. The large day space near the entrance was used for activities and group meetings. A smaller activities room was for arts and crafts and this was located off the dining room.

The residents and relatives informed inspectors that there were ongoing issues with the roof leaking in parts of the premises. Water damage was evident on the ceilings in one of the bathrooms and in the main day space. The proposed repairs had not been addressed in full to date. The provider and the person in charge told inspectors that a full inspection of damage both internal and external had taken place and this would be addressed when the refurbishment works took place.

Administration offices and the person in charges office were located near the entrance beside the day care room. Some of the internal service rooms lacked adequate ventilation. For example, the toilets and en suite shower room of room 15, and the sluice room required additional ventilation.

There were two single, six double and seven four bedded rooms, all with a Wash-hand basin. Residents' bedrooms were adequate, shared rooms had limited space for personal belongings. The residents sharing rooms were maximum, high and medium dependency rated, and as such had increased spatial requirements for assistive devices and equipment. However, the person in charge told inspectors that she had reviewed this and tried to reduce some of the four bedded down to three bed rooms to allow for this and increase resident safety and privacy.

There were two assisted bathrooms/assisted shower room. The absence of privacy locks on both bathroom doors was mentioned in outcome 11.

The centre had a secure mature landscaped courtyard garden with ample garden furniture for residents and visitors use. Residents told inspectors that they enjoyed spending time in the garden during fine weather. A large wooden gazebo shelter was in place, and some residents were seen enjoying fresh air outdoors.

In addition, there was a central courtyard which was not used or accessible to residents owing to level access issues identified, which had put it out of use.

The kitchen was found to be well-organized and equipped with sufficient storage facilities. Inspectors observed a plentiful supply of fresh and frozen food.

There was appropriate assistive equipment available such as profiling beds, mobile 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. Hand-rails were available to promote independence. Hoists and other equipment had been maintained and service records were up-to-date.

**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:**

- 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\*

**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**

Inspectors reviewed a record of all incidents that had occurred in the designated centre since the previous inspection and cross referenced these with the notifications received from the centre. Inspectors noted that one clinical incidents involving one resident mentioned in outcome six had not been reported to the Authority on the

quarterly notifications. However, the notification was not received until 31 May 2011 when a copy was re-submitted to the Authority during the inspection.

A clinical incident involving medication management by a registered nurse had taken place. Further to a review of the available information, an immediate action letter was issued to the provider and the person in charge, to obtain more details and undertake a detailed review of the incident involving a risk to resident safety.

The register and residents' records were maintained to a high standard.

**Outcome 18**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated 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.

One of the three clinical nurse managers nominated as key senior managers, deputise 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 person in charge and one clinical 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:***

Leone Ewings  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

27 July 2011

## Action Plan

### Provider's response to inspection report

<b>Centre:</b>	Cuan Ros Community Unit
<b>Centre ID as provided by the Authority:</b>	0521
<b>Date of inspection:</b>	31 May and 1 June 2011
<b>Date of response:</b>	29 August 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 did not include three of the twenty five 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).

**Action required:**

Compile a Statement of purpose that consists of all 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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:  Statement of purpose will be reviewed and all matters addressed.	30 September 2011

***Outcome 4: Protection***

<p><b>2. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The designated centre did not have a written agreement setting out the roles and responsibilities of volunteers working at the centre.</p>	
<p><b>Action required:</b></p> <p>Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007            Regulation 34: Volunteers            Standard 22: Recruitment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response.  Guidelines for volunteers in Cuan Ros reviewed and volunteers to sign and acknowledge understanding of guidelines.  All volunteers to read guidelines and sign agreement to comply with same.	December 2011

***Outcome 5: Health and safety and risk management***

<p><b>3. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with has not been submitted to the Authority.</p>	
<p><b>Action required:</b></p> <p>Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the</p>	

requirements of the statutory fire authority have been complied with.	
<b>Reference:</b> Health Act, 2007 Regulation 32: Fire precautions and records Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  HSE Estate manager for fire safety is in the process of dealing with this compliance and Authority has been informed on the fire safety tracking form.	September 2011

### ***Outcome 6: Medication Management***

<b>4. The provider is failing to comply with a regulatory requirement in the following respect:</b> The medication management at the designated centre was not subject to audit and review, to ensure adherence and compliance with best practice.	
<b>Action required:</b> Put in place appropriate and suitable practices and written operational policies relating to ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies, and the practice is subject to audit and review.	
<b>Reference:</b> Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Cuan Ros medication management audit tool to be completed.  Medication management practices to be audited and reviewed.	September 2011  October 2011

**Outcome 9: Food**

<b>5. The provider is failing to comply with a regulatory requirement in the following respect:</b>  The food service and mealtime experience for residents required some improvement, to ensure a quality dining experience.	
<b>Action required:</b>  Provide food and drink to each resident which is properly presented and served.	
<b>Reference:</b> Health Act, 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The catering manager will review current practices in the dining room.  Will look at sourcing alternative soup bowls.	September 2011  November 2011

**Outcome 11: Residents' rights, dignity and consultation**

<b>5. The provider is failing to comply with a regulatory requirement in the following respect:</b>  There were no privacy locks in place on the bathroom and shower room.	
<b>Action required:</b>  Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.	
<b>Reference:</b> Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  HSE Estates have plans to refurbish the building which will address this issue.	2012

***Outcome 12: Residents' clothing and personal property and possessions***

<b>6. The person in charge is failing to comply with a regulatory requirement in the following respect:</b>  An up to date record of each resident's personal property that is signed by the resident was not available for all residents'.	
<b>Action required:</b>  Maintain an up to date record of each resident's personal property that is signed by the resident.	
<b>Reference:</b> Health Act, 2007 Regulation 7: Residents' Personal Property and Possessions Standard 4: Privacy and Dignity Standard 17: Autonomy and Independence	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Guidelines on the management of residents' personal property will be drafted.	End of October 2011
Up to date list of residents' personal possessions will be maintained in nursing notes.	End of December 2011

***Outcome 14: Staffing***

<b>7. The provider is failing to comply with a regulatory requirement in the following respect:</b>  The numbers and skill mix of staff on duty was heavily supplemented by the use of agency staff.	
<b>Action required:</b>  Review numbers and skill mix of staff on duty are appropriate to ensure continuity of care to residents.	
<b>Reference:</b> Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:  Regular agency staff are employed when possible.	Ongoing.

***Outcome 15: Safe and suitable premises***

<p><b>8. The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The design and layout of the premises requires revision to meet the needs of each resident having regard to the number and needs of the residents.</p> <p>The roof on the building was leaking and not watertight and not in a good state of repair.</p> <p>The internal courtyard is inaccessible to residents.</p> <p>There are a number of hand washing basins, showers and baths, that do not have thermostatic control valves or other suitable anti-scalding protection.</p> <p>The clinical room is used multi-purposely with the hairdressing room; clinical waste is stored in this room.</p> <p>The sluice room is also used in a dual purpose manner as a cleaning room, as the designated cleaning room is not fully fitted out and fit for purpose.</p>
<p><b>Action required:</b></p> <p>Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.</p>
<p><b>Action required:</b></p> <p>Ensure the premises are of sound construction and kept in a good state of repair externally and internally.</p>
<p><b>Action required:</b></p> <p>Provide and maintain external grounds which are suitable for, accessible and safe for use by residents.</p>
<p><b>Action required:</b></p> <p>Provide sufficient numbers of hand washing basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.</p>

<p><b>Action required:</b></p> <p>Review the use of and purpose and function of the cleaning room, sluice room and the clinical/hair dressing room.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 19: Premises  Standard 25: Physical Environment</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>HSE Estates has applied for planning permission to Dublin City Council to make the necessary repairs and alterations to make the building fit for purpose.</p> <p>The application was submitted on 11 August 2011 and it is hoped to commence work before the year end. It will be necessary to vacate the building to facilitate this work. This will require the transfer of residents to another suitable facility in the interim and discussion will need to take place with residents, staff and the Authority regarding the move.</p>	<p>December 2011</p>

**Any comments the provider may wish to make:**

**Provider's response:** None

**Provider's name:** Desmond O'Flynn

**Date:** 29 August 2011