

**Health Information and Quality Authority  
Social Services Inspectorate**

**Registration Inspection report  
Designated Centres under Health Act 2007**



<b>Centre name:</b>	Carlingford Nursing Home
<b>Centre ID:</b>	0121
<b>Centre address:</b>	Old Dundalk Road
	Carlingford
	County Louth
<b>Telephone number:</b>	042-9383993
<b>Fax number:</b>	042-9383994
<b>Email address:</b>	info@carlingfordnursinghome.ie
<b>Type of centre:</b>	<input checked="" type="checkbox"/> <b>Private</b> <input type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	Cooley Nursing Home Ltd
<b>Person authorised to act on behalf of the provider:</b>	Donal O’Gallagher
<b>Person in charge:</b>	Mary Brigid (Breda) O’Kane
<b>Date of inspection:</b>	26 July 2011 and 27 July 2011
<b>Time inspection took place:</b>	<b>Day 1 Start:</b> 09:30 hrs <b>Completion:</b> 18:30 hrs <b>Day 2 Start:</b> 09:00 hrs <b>Completion:</b> 15:30 hrs
<b>Lead inspectors:</b>	Siobhan Kennedy
<b>Support inspectors(s):</b>	Sonia Mc Cague
<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 Inspectors 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 Inspectors. 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

Carlingford Nursing Home was established in 2000 and is situated on the old Dundalk road on the outskirts of Carlingford village. The centre is on an elevated site overlooking the lough.

The centre provides accommodation for up to 44 residents and offers long term, respite, convalescence and palliative care. It caters mainly for residents over 65 years of age, but also provides care to people with dementia, intellectual and physical disability.

Accommodation comprises 33 single rooms, four twin rooms and a three-bedded room. With the exception of the three-bedded room, all other rooms have en suite shower, toilet and wash-hand basin facilities. There are additional toilets, showers, bathrooms (one with a reclining electrically operated bath) and hair washing facilities.

The entrance foyer has a seated area, which leads into a corridor, which extends around a large accessible inner enclosed garden, planted with shrubs and flowerbeds. The main communal rooms and residents' bedrooms are located on either side of the corridor looking out unto the gardens.

Amenities for residents include three sitting rooms, a large dining room, visitors' and smoking rooms, a chapel with a separate entrance and a multi sensory room for relaxation. There is a visitors' kitchen. Other facilities include a nurses' station, a treatment room, a kitchen, a laundry, offices, sluice rooms and staff changing rooms, which are equipped with lockers and storage areas.

The external grounds provide secure gardens and ample car parking space.

<b>Date centre was first established:</b>			2000	
<b>Number of residents on the date of inspection:</b>			44	
<b>Number of vacancies on the date of inspection:</b>			None	
<b>Dependency level of current residents:</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents:</b>	15	12	17	None
<b>Gender of residents:</b>			<b>Male</b> (✓)	<b>Female</b> (✓)
			17	27

## Management structure

Carlingford Nursing Home forms part of the Cooley Nursing Home Ltd. Donal O'Gallagher is one of five directors and is the Designated Provider and General Manager. The Person in Charge, Mary Bridget (Breda) O' Kane reports to the group Operations Manager, Rosetta Herr and the Provider Donal O'Gallagher. On a day-to-day basis the Person in Charge is supported by a team of staff nurses, care assistants, catering assistants, domestic staff, an activity coordinator, administrator and a maintenance man.

## **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. Documentation and records examined related to fire and health safety, staffing, operational policies and procedures, care planning and assessment. The inspectors had opportunity to assess the environment and observe care practises. Separate fit person interviews were carried out with the provider, person in charge and operations manager, all 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 including satisfaction questionnaires, which had been completed by a resident and 12 relatives/carers.

The findings of this inspection are set out under eighteen outcome statements detailing 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 were positive about day-to-day life experienced in the centre. They expressed satisfaction with the facilities and services, health care treatment received and variety and choice of meals. Some residents described their daily routines and emphasised the fun and enjoyment they got from the variety of social and recreational activities offered which they could choose to attend. The inspectors observed residents playing bingo and enjoying the garden. Strong connections with families and the community were evident. A local artist assisted residents to draw and paint and the artwork is on display throughout the centre.

In the main, relatives were satisfied with all aspects of care provided. However, one relative considered that there were inadequate staffing levels at night. Inspectors found no evidence to concur with this viewpoint. Residents confirmed that there were adequate staff on duty to attend to their needs and were complimentary of the staff team considering them to be polite, courteous and pleasant. The inspectors observed a well-trained and supervised staff group carrying out their duties including welcoming visitors in a friendly manner and providing relevant information about residents' needs.

The person in charge (PIC) is an experienced nurse and had good knowledge of the legislation and Standards in relation to the residential care setting. She facilitated the inspection process by having documents readily available. Staff members acknowledged her ability to provide sound direction and leadership and confirmed that good relationships exist with the management team. The provider and operations manager regularly visited the centre to provide support.

The design and layout of the physical environment is of a high standard. The accommodation was spacious, bright and modern. In particular, residents expressed their delight with the beautiful views over the lough and the internal garden, which was safe and had an abundance of shrubs and flowers. Residents felt that this contributed to their well-being.

While policies, procedures, systems and practises regarding managing risks were in place, some risks were identified on inspection such as securing hazardous substances, appropriately equipping the sluicing facilities and the high temperature of the hot water at two outlets. Other areas identified for improvement in order to comply with legislation related to contracts of care, providing notice to the Chief Inspector of Social Services and minor environmental issues. These are described under the outcome statements and related actions are set out in the Action Plan at the end of this report.

## **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

Although the statement of purpose was comprehensive it 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 following: –

- stating the current professional registration of the PIC and person who would take responsibility in the absence of the PIC
- relevant qualifications of provider
- name and address of Cooley Co Ltd
- number and qualification of therapists
- measurement of rooms in metres
- more information detailing the emergency admissions criteria

Further clarification was sought in respect of Arbour Care Group.

Following the inspection, a revised statement of purpose was received by the Authority, which provided information on the items identified above.

### **Outcome 2**

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

#### **References:**

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

## Inspection findings

The provider and PIC demonstrated they had introduced systems to monitor the quality of care provided and quality of life experienced by residents in the centre. Documentation reviewed by the inspectors confirmed that audits were carried out on a regular basis in relation to a range of topics including resident satisfaction, medication management, personal care, hand hygiene, infection control, staff awareness of elder abuse and care records. Areas for improvement had been identified and action plans put in place to address any shortcomings. A review of the minutes of resident and staff meetings confirmed that audit findings had been routinely discussed.

### **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

The complaints policy and statement of the procedure for managing complaints was examined and found to contain all information required by legislation. It provided information on the making, handling and investigation of complaints and was prominently displayed on the main notice board. A summary of the policy/ procedure was available in the residents' guide and the statement of purpose. The record of complaints, which was examined by the inspectors had been satisfactorily maintained and described the details of the complaints, the outcome and action taken as a result of investigation. In discussions with some residents and a relative they knew who to complain to if, they had any concerns and confirmed that it would be addressed.

## 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

Management had put measures in place to protect residents from abuse. There was a detailed policy and statement of procedure. The content of the ongoing training programme on elder abuse, which staff had participated in, was found to be detailed and comprehensive and included watching a video. Feedback from the staff on the video was positive and during discussion with the inspectors, staff were knowledgeable about reporting mechanisms and what to do in the event of a disclosure about actual, alleged or suspected abuse.

Residents spoken with and those who completed questionnaires confirmed that they felt safe in the centre. Examples of residents' comments included "I feel secure and cared for" and "there is always somebody around".

Systems and practices were in place to manage residents' finances however, they were not reflective of the written operational policy and procedures relating to residents' personal property and possessions.

**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**

In the main, the health and safety of residents, visitors and staff was promoted and protected however, on inspection some risks were identified and are outlined below.

**Promotion of health and safety.**

Policies, procedures, systems and practises regarding managing risks were in place and a designated health and safety officer had been identified and was responsible for assessing, monitoring and analysing potential risks with a view to minimising these. This approach considered individual risks to residents such as accidents and general risks associated with the premises and service delivery.

Records were maintained regarding the servicing of fire equipment, the fire alarm system and fire officer's visits. Staff had participated in fire training including fire drills. Some staff satisfactorily explained to the inspectors how they implemented the fire evacuation procedures.

There were systems to monitor the quality of care and safety of the residents. There was a low level of incidents and accidents in the centre, which were subject to regular review. There were a range of measures in place to prevent accidents and facilitate residents' mobility, including liaison with occupational therapy and physiotherapy. Training on moving and handling was ongoing to ensure that staff involved in the care of residents were up to date in their knowledge.

An emergency plan was in place and staff who spoke with the inspectors were familiar with it and knew who to contact and what to do in the event of an emergency.

The environment was clean and well maintained and in the main, measures were in place to control and prevent infection. These included the arrangements for the segregation and disposal of waste, including clinical waste. Staff had received training in infection control and in discussion with the inspectors were aware of the policy and procedures in place to control infection. A member of the housekeeping staff was able to describe to the inspectors the cleaning systems in place and how these worked in practice.

## **Risks identified**

The hot water temperature at two outlets was measured at above 43°C.

Rooms 39 and 40 used for laundry services and storing of hazardous substances were not secure.

There was no racking system and appropriate ventilation in room number 40 which was identified as the sluice room.

### **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**

A policy to manage all aspects of medication from ordering, prescribing, storing and administering was available and reflective of the practices in the centre. The inspectors observed staff in charge of medicines administer these to residents. The system in operation was prepared blister packs supplied by the local pharmacist. The associated documentation identified the prescribed medicines by size and colour, and the dates and times on which they were to be administered to the resident. GPs reviewed residents' medicines on a monthly basis. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. There were appropriate procedures for the handling and disposal of unused and out of date medicines. A list of the names and a copy of the signatures of all nurses involved in administration of medication was maintained.

Medication audits were carried out and good arrangements were in place with the pharmacist.

### **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**

The inspectors found a high standard of evidence-based nursing, medical and allied health care. The centre had sufficient general practitioner (GP) cover, and a local out-of-hours service was available. Residents were encouraged to retain their own GP, but where this was not possible, the person in charge assisted them to transfer to a local GP. Review of residents' medical notes showed that GPs visited the centre regularly and were available as required. Entries in residents' care plans showed that residents had access to allied health professional services, including the physiotherapist, occupational therapist, optician and chiropodist who provided their services to residents based on a referral from staff in the centre. There was evidence of communication and input from the dietician in the development of menus for residents with special dietary needs. At the time of this inspection, a physiotherapist was in the centre visiting a resident and, in discussion with the inspectors, was highly complimentary about staffs' ability to implement her professional instructions.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. A dedicated activity coordinator was employed and worked with the staff team to devise social care assessments, which were then used to inform the activity programme. A monthly newsletter set out the details of the activities on offer, any outings and dates of residents meetings. The activity coordinator included exercise programmes to promote residents' health. Residents consulted were complimentary of the activities on offer and were observed to enjoy

the activities provided during the inspection, which included music, individual hand care, bingo and group exercises.

Each resident had a care plan and those examined by the inspectors showed some evidence of the residents' involvement and agreement with it. For example, one resident signed his care plan. In another care plan, the resident's next of kin signed some of the documentation. A relative communicated to the inspectors her involvement in the care planning process by providing information on behalf of her relative. Admission records were maintained. Care plans contained details of the assessments of residents' dependency, their needs on admission, and subsequently their physical, social and mental health. Objectives of care, treatment plans and nursing interventions were recorded. During conversations with the inspectors, staff were knowledgeable and familiar with care plans and residents' needs and preferences. Risk assessments had been carried out in relation to a number of health care issues, for example continence, nutrition, swallowing, accidents and falls. Staff adopted validated tools to risk rate residents, for example, the Braden scale was used to identify the risk of developing pressure sores. At the time of this inspection, there were no residents with pressure ulcers. Residents were weighed on a monthly basis and a record was maintained. Appropriate action was taken with regard to undue weight gain and loss, for example in one instance a referral had been made to the dietician.

There was a policy and procedure on the use of any form of restraint, which had been reviewed in 2011. Staff were familiar with the systems and practices regarding these including the involvement of the resident and his representatives, consultation with appropriate professionals and review of the form of restraint.

#### **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**

A policy and procedure was devised to provide care for residents at end of life. Good arrangements were in place with the local HSE palliative care team. Staff told the inspector that a palliative care nurse visited as required and was available to them for advice and guidance. A care plan examined by the inspectors indicated that residents' wishes regarding end of life care had been discussed, and staff were knowledgeable about the resident's individual preferences.

**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.

The inspectors observed the lunchtime meal, which was a relaxed, and unhurried social occasions that provided opportunities for residents to interact with each other and staff. In the dining room, table settings for residents included condiments, a selection of drinks and matching cutlery and crockery with napkins. There was a menu card and flower display on each table.

The inspectors observed staff discussing the menu options with each resident. They were asked what meal they would like and where they would like it served. A number of residents chose to have meals in their bedrooms. Staff were seen sitting with these residents and assisting them in a respectful manner. The 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. Catering staff were knowledgeable about the dietary needs of residents and were aware any who required a special diet. Throughout the day, staff offered residents a variety of snacks and drinks. Jugs of fresh water were readily available in communal areas and in residents' rooms and these were refreshed on a regular basis.

Residents were complimentary of the food provided and some residents stated "the meals are wonderful", "I love my food here".

A copy of the most recent environmental health report was available (26 April 2011) and evidenced that the kitchen was in substantial compliance with the relevant statutory requirements.

**4. Respecting and involving residents****Outcome 10**

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

**References:**

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

## Inspection findings

The inspectors examined a sample of the completed contracts of care that had been agreed with residents. While these were comprehensive and set out the overall care and services provided to residents, the fee charged, including any additional fees was omitted from one and the resident's name from another.

### **Outcome 11**

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

### **References:**

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

## Inspection findings

Residents, relatives and staff told inspectors that the provider, the person in charge and staff were approachable and readily available to them. The inspectors observed good interactions between staff, residents and their relatives/visitors.

A residents' forum had been established and regular meetings, which have been minuted, have taken place. This provided residents with an opportunity to express their opinions and views and participate in the operation of the centre. The minutes from the last meeting (21 July 2011) were viewed by the inspectors and indicated that the issues discussed were relevant to life in the centre and included items such as the International Food Day which was being held in the centre on 27 July 2011, activity provision and forthcoming outings. Feedback was also encouraged through a suggestion box and the use of resident satisfaction questionnaires, which sought information on nutrition, the quality of care, accommodation, activities, staffing and the environment.

The residents interviewed indicated that they were satisfied with the level of privacy afforded them in all aspects of personal care. The inspectors observed that residents were addressed by staff in an appropriate and respectful way. Staff were seen to knock before entering bedrooms and waited for permission before entering. In the shared bedrooms, curtains were used to ensure that privacy and dignity was maintained.

The centre operated an open visiting policy and there were no restrictions on visiting. Residents were able to meet with visitors in their bedrooms or in the visitors' room.

### **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 and supported by staff to personalise their bedrooms. Throughout the centre, inspectors noted that residents personalised their bedrooms with photographs, pictures and other belongings including furniture. A record of residents' belongings is maintained.

All residents had adequate storage space for clothes and personal possessions, which included secure storage.

There was a well-equipped laundry system in place and residents and relatives were satisfied with laundry provision. The laundry assistant was knowledgeable about infection control and the different processes for different categories of laundry. Clothing was marked and returned to the residents following laundering. All of the relatives who completed questionnaires for the Authority were satisfied with the laundry service.

### **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 person in charge is a qualified children's nurse. She has many years experience of caring for older people with disabilities and psychiatric disorders as well as additional and relevant post-qualifying training. She has been in her current full time post for approximately three years. She had good knowledge of the legislation and

the standards and facilitated the inspection process by having relevant documentation and information readily available. Throughout the inspection, she was seen to be competent and committed to the delivery of good quality care to residents. She is informed by open consultation and ongoing audit and review of practice.

The inspectors observed that she provided good leadership to staff and demonstrated a strong commitment to person-centred care. She was knowledgeable about individual residents' likes, dislikes and preferences.

#### **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**

The inspectors found that at the time of this inspection, the levels and skill mix of staff were sufficient to meet the needs of residents. Inspectors checked the staff rota and found that it was well maintained with all staff who work in the centre rostered and identified. Annual leave and other planned / unplanned staff absences were covered from within the existing staffing complement. In the main, relatives were satisfied with staffing levels with the exception of one who considered that there were inadequate staffing levels at night. However, inspectors found no evidence to concur with this viewpoint. Residents interviewed were complimentary of the staff team and commented on their caring nature. They reported that staff were always available to provide the help and assistance they needed. Staff were described as "helpful", "caring", "approachable" and "respectful".

Staff morale was found to be high. From discussions with staff, the inspectors found them to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care. They confirmed that they were supported to carry out their work by the person in charge and highlighted her leadership qualities saying she was "approachable" and "open to suggestions made by staff".

There was evidence that staff had access to education and training and were supervised. The person in charge had carried out an audit of staff training and a record of all the training participated in by staff had been maintained. Training had been provided in relation to the Authority's standards, moving and handling, fire safety and prevention, food hygiene, infection prevention and control, personal hygiene, first aid, nutrition, and protection of residents from abuse.

The majority of care staff had completed training accredited at Further Education and Training Awards Council (FETAC) Level 5. Staff told the inspectors that they were also supervised at the commencement of their employment as part of their induction.

All members of the team were clear about their areas of responsibility and reporting structures and the management structure ensured sufficient monitoring of and accountability for practice.

Policies and procedures were available for the recruitment, selection and vetting of staff. A review of the documents to be held in respect of persons working at the centre indicated that these were maintained in accordance with the relevant legislation.

Staff meetings for all groups of staff took place on a regular basis and daily 'handover' meetings were scheduled so that each staff group were updated with regard to residents' care and condition.

## **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 design and layout of the environment was suitable for residents. A detailed description of the premises is outlined on page 3 of this report. In general, the accommodation was spacious, brightly decorated and well maintained. Residents were full of praise about the building. They expressed satisfaction with the pleasant outlook from the corridors, communal areas and bedrooms. They considered the modern furnishings pleasant and comfortable. Communal areas such as the day rooms and the reception had a variety of pleasant furnishings and comfortable seating. Residents' bedrooms were spacious, comfortable and personalised.

Great emphasis was placed on the safety and beauty of the enclosed garden, which was very accessible to all residents and their visitors.

The inspectors noted that the centre was clean. Residents and relatives commented on this and told the inspectors that it was always clean. The inspectors saw cleaning staff at various times throughout the day in different areas of the centre.

Management provided equipment in response to the assessed needs of the residents. Such equipment included standing and lifting hoists, residents' call system, profile beds, pressure relieving mattresses and cushions, wheelchairs and walking frames. The upkeep of these items was in accordance with the manufacture's instructions.

The following minor issues were identified for further improvement: – the floor covering in room 44 was worn and the shower outlet in the ensuite of room 47 was damaged and shower head missing.

**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 Inspectors.*

**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 person in charge was aware of her responsibility to notify the Chief Inspector of Social Services of incidents, in accordance with the legislation and notifiable incidents and quarterly reports had been submitted to Authority in compliance with legislation. However, the person in charge was not aware of the need to give notice to the Chief Inspector of the occurrence in the centre of a pressure sore above grade 2.

**Outcome 18**

*The Chief Inspectors 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 inspectors were informed that in the absence of the person in charge the operations manager, Rosetta Herr (who previously managed this centre) would attend to any matter and if the absence was prolonged, she would take over the day-to-day management of the centre. To date notification in respect of this matter has not been necessary.

## Closing the visit

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

Siobhan Kennedy  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

09 August 2011

## Action Plan

### Provider's response to inspection report

<b>Centre:</b>	Carlingford Nursing Home
<b>Centre ID as provided by the Authority:</b>	0121
<b>Date of inspection:</b>	26 July 2011
<b>Date of response:</b>	29 September 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 4: Safeguarding and safety***

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

The written operational policies and procedures relating to resident's personal property and possessions were not reflective of practices in the centre.

#### **Action required:**

Ensure that the written operational policies and procedures relating to resident's personal property and possessions are reflective of the practices in the centre.

#### **Reference:**

Health Act, 2007  
Regulation 7: Residents' Personal Property and Possessions  
Standard 9: The Resident's Finances

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

**Timescale:**

<p>Provider's response:</p> <p>This concern refers to our previous practice of applying one signature in the day to day management of resident's finances. This practice was reviewed and altered on the day of the inspection and a second staff signature is now required.</p>	Complete
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***Outcome 5: Health and safety and risk management***

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

The hot water temperature at two outlets was measured at above 43°C.

Rooms 39 and 40 used for laundry services and storing hazardous substances were not secure.

There was no racking system or appropriate ventilation in room number 40 identified as the sluice room.

There was no ventilation to the cleaning room.

**Action required:**

Implement the risk management policy throughout the centre.

**Reference:**

- Health Act, 2007
- Regulation 31: Risk Management Procedures
- Regulation 32: Fire Precautions and Records
- Standard 26: Health and Safety
- Standard 29: Management Systems

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

**Timescale:**

Provider's response:

The hot water of the home is managed on a thermostat basis. A plumber has been engaged to review the system and repair faults.

Complete

The hot water checks have been moved from monthly to weekly.

Complete

The hazardous substance refers to laundry powder in the laundry rooms. We have amended our practice and laundry staff will now only have them in these rooms while they are working in them. At the end of their shift they will be locked away in the chemicals

Complete

press.	
A racking system is now in place in the sluice room	Complete
Ventilation to the cleaning room has been added to our on-going repair, maintenance and up-grade plan for the building.	We expect to have to complete by the end of October 2011.

***Outcome 10: Contract for the Provision of Services***

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

The fees were not identified in a contract of care examined.

**Action required:**

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

**Reference:**

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

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

**Timescale:**

Provider's response:

All contracts have fees relevant to the resident identified.

Complete

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

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

Floor covering in bedroom number 44 was worn.

The shower outlet in the en suite of bedroom number 47 was damaged and shower head missing.

**Action required:**

Ensure that the premises are kept in a good state of repair internally

<b>Reference:</b> Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment Standard 28: Purpose and Function	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The damaged shower head has been replaced.  The flooring is reviewed and repaired on an on-going basis throughout the home. As each area/room becomes available (or if the rules of priority apply) repairs and replacements can take place. The flooring in room 44 is on the decoration/repair list and will be attended to in due course	Complete  We expect this room to be repaired by the end of February 2012 if possible.

***Outcome 17: Notification of incidents***

<b>5. The person in charge is failing to comply with a regulatory requirement in the following respect:</b>  Notice was not given to the Chief Inspector of Social Services of the occurrence in the centre of a pressure sore above grade 2.	
<b>Action required:</b>  Give notice to the Chief Inspector with out delay of the occurrence in the centre of any pressure sore above grade 2.	
<b>Reference:</b> Health Act, 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems Standard 30: Quality Assurance and Continuous Improvement Standard 32: Register and Residents' Records	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Notification issues have been reviewed among relevant staff and we are confident that future mistakes of this type will not re-occur.	Complete

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

**Provider's response:**

The staff and residents of Carlingford Nursing Home work hard to provide a home from home feel that complies with all of our Regulators requirements.

On behalf of our staff and residents I would like to compliment the inspectors on their professional and friendly approach during the two days that they were here.

We were gratified to see that all of our hard work and innovation were recognised and complemented in the report; and that any concerns they had were managed in a professional way.

**Provider's name:** Donal O'Gallagher

**Date:** Thursday, 29 September 2011