

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

**Compliance Monitoring Inspection Report  
Designated Centres under Health Act  
2007**



<b>Centre name:</b>	Carysfort Nursing Home
<b>Centre ID:</b>	0022
<b>Centre address:</b>	7 Arkendale Road
	Glenageary
	County Dublin
<b>Telephone number:</b>	01-2850780
<b>Email address:</b>	<a href="mailto:edwardpackenham@carysfortnursinghome.com">edwardpackenham@carysfortnursinghome.com</a>
<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>	Breda and Edward Packenham
<b>Person authorised to act on behalf of the provider:</b>	Edward Packenham
<b>Person in charge:</b>	Liny Raju
<b>Date of inspection:</b>	26 September 2012
<b>Time inspection took place:</b>	<b>Start:</b> 07:30 hrs <b>Completion:</b> 18:20 hrs
<b>Lead inspector:</b>	Linda Moore
<b>Support inspector(s):</b>	Jackie Warren
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> to inform a registration/renewal decision <input checked="" type="checkbox"/> to monitor ongoing regulatory compliance <input type="checkbox"/> following an application to vary conditions <input type="checkbox"/> following a notification <input type="checkbox"/> following information received
<b>Type of inspection</b>	<input type="checkbox"/> <b>announced</b> <input checked="" type="checkbox"/> <b>unannounced</b>

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

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.

Regulation has two aspects:

- Registration: 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.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under **a maximum of 18 outcome statements**. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**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 inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with regulations and standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome 1:</b> Statement of Purpose	<input type="checkbox"/>
<b>Outcome 2:</b> Contract for the Provision of Services	<input type="checkbox"/>
<b>Outcome 3:</b> Suitable Person in Charge	<input checked="" type="checkbox"/>
<b>Outcome 4:</b> Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
<b>Outcome 5:</b> Absence of the person in charge	<input type="checkbox"/>
<b>Outcome 6:</b> Safeguarding and Safety	<input checked="" type="checkbox"/>
<b>Outcome 7:</b> Health and Safety and Risk Management	<input checked="" type="checkbox"/>
<b>Outcome 8:</b> Medication Management	<input checked="" type="checkbox"/>
<b>Outcome 9:</b> Notification of Incidents	<input type="checkbox"/>
<b>Outcome 10:</b> Reviewing and improving the quality and safety of care	<input type="checkbox"/>
<b>Outcome 11:</b> Health and Social Care Needs	<input checked="" type="checkbox"/>
<b>Outcome 12:</b> Safe and Suitable Premises	<input checked="" type="checkbox"/>
<b>Outcome 13:</b> Complaints procedures	<input checked="" type="checkbox"/>
<b>Outcome 14:</b> End of Life Care	<input type="checkbox"/>
<b>Outcome 15:</b> Food and Nutrition	<input type="checkbox"/>
<b>Outcome 16:</b> Residents' Rights, Dignity and Consultation	<input checked="" type="checkbox"/>
<b>Outcome 17:</b> Residents' clothing and personal property and possessions	<input type="checkbox"/>
<b>Outcome 18:</b> Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Whilst evidence of good practice was observed in many aspects of the service, significant improvements were required in some aspects of supervision of residents, manual handling practices and the safety of residents in the bathrooms. These significant issues required the urgent attention of the provider and an immediate action plan was put in place following the inspection to address the risks.

The Authority received a prompt response from the person in charge on behalf of the provider in respect of these issues.

The inspector found that the health care needs of residents were met. Residents had access to general practitioner (GP) services; to a range of other health services and evidence based nursing care was provided.

The inspector found that improvements had been made in six of the areas of non compliance identified in the previous inspection. These included the development of the elder abuse policy, the emergency plan and the updating of the medication management policy. Further improvements were still required in the provision of appropriate activities for residents with a cognitive impairment, care planning documentation and aspects of the premises.

**Section 41(1)(c) 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*.**

**Theme: Governance, Leadership and Management**  
*Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.*

**Outcome 3**  
*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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection

### **Inspection findings**

The person in charge was a registered nurse and she worked full-time. She maintained her professional development and had recently attended courses and study days in:

- protection of vulnerable adults – train the trainer
- nutrition
- dementia activities
- medication management
- behaviours that challenge
- infection control
- cardio pulmonary resuscitation (CPR)
- pressure ulcer prevention

- the care of a resident following a stroke
- risk management and audit

The person in charge had recently completed a Msc in gerontology nursing. She had good knowledge of the Regulations and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The person in charge had appropriate deputising and on call arrangements in place. The assistant director of nursing deputised in the absence of the person in charge. The person in charge and ADON worked across the seven days of the week. The person in charge was also available on an on-call basis.

#### **Outcome 4**

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

#### **References:**

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

#### **Inspection findings:**

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

#### **Resident's Guide**

Substantial compliance

Improvements required \*

#### **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 \*

### **Theme: Safe care and support**

*Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.*

*In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.*

*To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.*

### **Outcome 6**

*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

#### **Outstanding action(s) required from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

### **Inspection findings**

Inspectors found that measures were in place to protect residents from being harmed or abused.

Inspectors found that all of the staff spoken to on the day of inspection were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse to the person in charge. There were records to indicate that staff had received training on identifying and responding to elder abuse.

Residents spoken to confirmed that they felt safe in the centre. Inspectors reviewed the centre's policy on the prevention, detection and response to elder abuse which had been revised since the previous inspection and found that it gave guidance to staff on the types of abuse, the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse.

The management of resident's finances was viewed at a previous inspection and the inspector found that arrangements were in place to protect the finances of residents. This area was not reviewed at this inspection.

**Outcome 7**

*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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Inspectors found that there were systems to promote the health and safety of residents, staff and visitors. However, there were some areas that required significant improvement. Inspectors observed poor manual handling practices; some residents' were left unsupervised for a long period of time and the bathroom floors were wet. These practices placed residents at risk.

**Risk management**

Inspectors had serious concerns regarding manual handling practices, supervision of residents and wet floors in the bathrooms.

Inspectors observed two incidents where staff were using inappropriate manual handling techniques that placed staff and residents at risk. While manual handling charts were in place, these were not correctly completed and did not guide the manual handling practices in the centre. For example, care staff and the person in charge said that they had received moving and handling training one month prior to the inspection. There was no record of this training on file. The person in charge said she was awaiting delivery of the certificates. The person in charge stated she would make immediate arrangements to ensure that all staff repeated manual handling training.

There were periods when staff were not present and supervising the care of residents in the front sitting room and this placed these residents at risk. An

inspector noted that no staff member checked on residents in the front sitting room from 11.10 hrs to 11.45 hrs where five residents with high dependency needs sat.

Inspectors observed that the floors in the two shower rooms were very wet and had towels left on the floor. This was a risk to the safety of residents using these bathrooms.

The provider was required to take immediate action in relation to these risks. A response was received from the person in charge, on behalf of the provider on 27 September 2012 and was found to be satisfactory.

There was a risk management policy, which met the requirements of the Regulations. There was a health and safety statement in place which had been updated in June 2012 and it related to the health and safety of residents, staff and visitors.

The inspector found evidence of appropriate falls management in the centre. Detailed records were maintained of all accidents and incidents. Records viewed showed a low incidence of falls in 2012. Records of incidents included information on incidents and the actions taken in response to them. All of the records were dated and signed by a staff member and by the person in charge. Information relating to each incident was readily available and all follow up actions were recorded, dated and signed. The person in charge reviewed the reports for each resident to determine the root cause and preventative measures were being taken to prevent reoccurrence, such as seating review.

### **Fire Safety**

Overall, fire safety was well managed but there was area for improvement. Inspectors viewed the fire records which showed that fire equipment had been serviced on 6 February 2012. However, the provider was unable to produce evidence which confirmed that all fire equipment had been serviced and inspectors could not ascertain what equipment had been serviced on that date. Inspectors found that all fire exits were clear and unobstructed during the inspection.

Inspectors viewed the fire training records and found that staff had received up-to-date mandatory fire safety training and this was confirmed by staff. Fire drills had been carried out in February, April and June 2012. All staff spoken to knew what to do in the event of a fire.

The provider and person in charge had adequate control measures in place to monitor all visitors to the building. A visitors' book was maintained and completed daily.

Inspectors reviewed the emergency plan and found that it had been updated since the last inspection. It was comprehensive and sufficient to guide staff on the procedures to follow in the event of an emergency. Inspectors noted that the emergency plan had been updated to include a contingency plan for the total evacuation of residents in the event of an emergency.



**Outcome 8**

*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

**Outstanding action(s) required from previous inspection:**

The action required from the previous inspection was satisfactorily implemented.

**Inspection findings**

Overall, inspectors found evidence of good medication management practices but there was a minor area for improvement. Warfarin prescriptions taken by nurses over the phone were not counter signed by the GP with 72 hours which contravened the medication management policy.

Inspectors found that each resident's medication was reviewed regularly by the GP and pharmacist and there was documentary evidence to support this.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

There was a comprehensive medication management policy in place which provided guidance to staff and this had been revised since the previous inspection.

Inspectors observed a nurse administering medications and found that medication was administered in accordance with the centre's policy and An Bord Altranais guidelines.

**Theme: Effective care and support**

*The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.*

**Outcome 11**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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

**Outstanding action(s) required from previous inspection:**

A high standard of evidence-based nursing practice was not in place in relation to restraint.

Care plans were not reviewed as required by the resident's changing needs or circumstances.

Residents with a cognitive impairment were not always provided with opportunities to participate in activities appropriate to his/her interests and capacities.

**Inspection findings**

Overall the healthcare needs of residents were met. Staff spoken to were very knowledgeable about the residents in their care. While there was evidence of good practice in the management of restraint, falls management and the management of nutrition, some improvements in these areas were required. Care plans still did not guide the care delivered and were not reflective of the assessments.

Residents had access to medical and allied health professionals. There was access to optician, dental, chiropody and dietician. The nurse explained that the general practitioners (GPs) visited regularly and were available anytime if necessary. There was a system in place for each resident to be regularly reviewed by his or her GP and there was documentary evidence to support this.

Inspectors reviewed a sample of residents' care plans and noted that nursing assessments and clinical risk assessments were carried out for all residents. The resident was assessed and the care plans were reviewed at least every three months. However, while assessments were completed, in many of the residents files, there was no care plans to address the identified need. Inspectors found that while staff knew the residents' needs, care plans were still not consistently updated when there was a change in the resident's condition. Staff said that residents and/or relatives were involved in the development of their care plans but there was no

evidence of this. There was a record of the resident's health condition and treatment given, completed on a daily basis.

Inspectors reviewed the nursing notes of a resident with a wound and found that there were records to demonstrate assessment and the implementation of treatment plans. Inspectors found that there was a wound management policy in place to guide staff response to wounds.

Pressure relieving equipment was in use. However, a review of this showed that one resident's mattress was incorrectly set for the needs of the resident. Staff spoken with were not aware of the correct use or setting of this equipment. There was no policy or guideline available to guide the practice. Inspectors found that the nursing staff monitored the nutritional status of residents. Residents' weights were recorded monthly. Nutritional risk assessments were used to identify residents at risk and care plans were in place. All residents at risk were referred to the dietician, GP and SALT and there were treatment plans in place. While staff were aware of the residents' dietary needs, inspectors found that one of the resident's care plan had not been updated to reflect the recommendations by the dietician and the speech and language therapist.

All residents at risk of falls had a falls risk assessment completed. All residents who had fallen had a post falls assessment completed. However, while residents were comprehensively reviewed when they had fallen and care plans were updated to reflect their changing needs, the care plans were not specific enough to guide the care to be delivered and minimise the risk of a reoccurrence. In addition, while nursing staff had access to the required resources to monitor residents with suspected head injuries i.e. a comprehensive neurological chart and pen torch. This had not been completed when a resident had fallen twice in 2012 and sustained a head injury. This is an important aspect of the care of a resident following an unwitnessed fall or suspected head injury.

While there was some good practice in the use of restraint, inspectors found that the practice could be further enhanced. Inspectors noted that 27 residents were using bedrails. A review of residents' records showed that consent forms were in place for the use of bedrails. Restraint assessments had been carried out for residents. These included the alternatives tried prior to the use of bedrails. However, there was no evidence of why the alternative had not been successful and the rationale for the use of restraint was not clearly documented. Some residents did not have a care plan for restraint and while other residents did have a care plan for restraint, these were not specific enough to guide the care delivered. There was a record to show that residents were safe in bedrails over a 24 hour period, but it was not clear how often residents were checked during this time period.

Some residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences; however, this was not consistent for all residents. Inspectors found that the social needs of a small number of residents with dementia were not being met. While there was a staff member assigned to provide activation to all residents during the day. Inspectors observed that residents who sat in the main sitting room were actively engaged with throughout the inspection but

residents who sat in the front sitting room did not partake in any activation pertinent to their needs. This had been identified as an area for improvement at the previous inspection and had not been addressed. Inspectors noted that two staff members had been trained in SONAS since the previous inspection and an activity schedule was in place but this was not meaningful for a small number of residents with complex needs.

**Outcome 12**

*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

**Outstanding action(s) required from previous inspection:**

The was a lack of storage throughout the centre.

The practice to clean commodes was not in line with best practice.

Suitable changing and storage facilities for staff were not available.

**Inspection findings**

For the most part the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs, However, there were some areas for improvement. Due to the period in which the premises were built, this building continues to pose challenges.

The centre was found to be well maintained, clean and homely throughout. Inspectors found that the bedrooms were personalised.

There was a secure garden which residents could access. Residents said they enjoyed using the garden and the fresh air.

Alcohol hand gels were available throughout the centre and staff had ready access to latex gloves and disposable aprons. Inspectors saw staff utilising these infection control measures regularly.

Inadequate arrangements for the cleaning of bedpans did not manage the risk of infection. While there was a bed pan washer this was not being consistently used to clean commodes and the procedure used by staff was not appropriate. Staff told inspectors they were not familiar with using the bedpan washer. This had been identified as an area for improvement at the previous inspection and had not been addressed.

Storage for equipment was limited and inspectors observed equipment such as commodes stored in bathrooms. Equipment was also stored on the very narrow corridor on the ground floor which reduced the space available to residents to walk freely on this corridor.

The providers were aware that the multi occupancy rooms will not meet the requirements of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and they were planning a refurbishment and extension programme to address this within the timeframe of June 2015.

There was a lack of assisted showers and toilets available for residents use.

There was a lack of suitable changing and storage facilities for staff. All staff, including catering staff were changing in a toilet which presented a risk of cross infection.

**Theme: Person-centred care and support**

*Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.*

**Outcome 13**

*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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

The complaints process was robust and was in line with the requirements of the Regulations. Complaints and feedback from residents were viewed positively by the providers and the person in charge and used to inform service improvements.

The complaints procedure was displayed in a prominent location in the centre as required by the Regulations. Inspectors reviewed the complaints folder and found that complaints were recorded in detail, identified the complainant, the issue and the action taken.

Residents spoken with knew who to speak to if they wished to make a complaint. Residents spoken with said that they never had any reason to complain and said they were very happy with the care they received.

**Outcome 16**

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

**References:**

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Inspectors found that residents' privacy and dignity was respected by staff in most regards but there were some areas for improvement.

Inspectors observed mobile screening being used while attending to a resident's personal care in a shared bedroom. The screening was inappropriate and did not provide adequate privacy for the resident.

Inspectors noted that breakfasts were served to residents by the night staff from 07:00 hrs. Staff said they woke residents for breakfast at 7.30 hrs. Residents who spoke with inspectors said they were satisfied with the time of breakfast as this was how it was always done. There was no documentary evidence that residents had choice regarding their specified meal times.

Inspectors reviewed the minutes of the residents' forum. These showed that all residents in attendance were very happy with the care delivered. One resident requested a telephone in her bedroom and this had been installed. There was also a family forum in place. However, the attendance at this meeting was poor.

The centre was open to visitors throughout the day. The residents commended the staff on how welcoming they were to all visitors.

**Theme: Workforce**

*The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.*

**Outcome 18**

*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

**Outstanding action(s) required from previous inspection:**

No actions were required from the previous inspection.

**Inspection findings**

Inspectors found that there were appropriate levels of staff on the day of inspection to meet residents' needs. However, there were concerns with regards to the supervision of the care delivered and the fact that residents were left unsupervised for a period of time as previously stated in the report.

The person in charge explained that she used a validated tool to assess dependency of residents and used the dependency levels along with her clinical judgment and feedback from staff and residents to inform decisions about staffing levels. All staff, residents and visitors agreed that there were adequate staff on duty.

Inspectors reviewed the policy on the recruitment, selection and vetting of staff and a number of staff files. The policy was in line with the Regulations. All staff files met the requirements of the Regulations.

Inspectors carried out interviews with staff members and found that all were knowledgeable of residents' individual needs, the centre's policies, fire procedures and the guidelines for reporting suspicions of elder abuse. Inspectors found that there were formal induction arrangements for newly employed staff members and an annual appraisal system was in place.

Inspectors reviewed the training records and spoke to staff. Since January 2012 various members of staff had completed training in:

- cardio pulmonary resuscitation
- infection control
- behaviour that challenges
- venepuncture
- dementia care

- nutrition scoring

## Closing the visit

At the close of the inspection visit a feedback meeting was held with one of the provider, the person in charge, the provider's daughter and a nurse 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:***

Linda Moore

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

28 September 2012



Action Plan

Provider's response to inspection report \*

Centre Name:	Carysfort Nursing Home
Centre ID:	0022
Date of inspection:	26 September 2012
Date of response:	30 October 2012 and 06 November 2012

Requirements

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

Theme: Safe care and support

*Outcome 6: Safeguarding and safety*

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

Suitable and sufficient care was not being provided to residents in the front sitting room. Very dependant residents were left without support or supervision for long periods of time which placed them at risk.

The provider was required to take immediate action.

**Action required:**

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

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

<b>Reference:</b> Health Act, 2007 Regulation 6: General Welfare and Protection Standard 13: Healthcare	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  Residents are brought to the front sitting room after their morning care around 10.30 hrs. From today, 27 September 2012, a staff member is assigned to be with the residents in the front sitting room from 10.30 hrs. This staff member will supervise and provide activities to those residents.	28 September 2012

***Outcome 7: Health and safety and risk management***

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

Poor manual handling practices placed residents at risk.

The provider was required to take immediate action.

**Action required**

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

**Action required**

Provide a high standard of evidence-based nursing practice.

**Reference:**

Health Act, 2007  
 Regulation 31: Risk Management Procedures  
 Regulation 6: General Welfare and Protection  
 Standard 13: Healthcare  
 Standard 26: Health and Safety  
 Standard 29: Management Systems

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

**Timescale:**

<p>Provider's response:</p> <p>Spoke to the two staff members in question and explained to them regarding the consequences of inappropriate use of hoist and also showed them how to use the full body hoist. Also advised them to follow the proper manual handling procedures and hoist use as recommended by our manual handling and lifting course instructor last month.</p> <p>Person in charge conducted a meeting with all the staff nurses this morning and stressed on the importance of proper staff supervision and guidance. Also advised to revise all manual handling charts mainly to include the appropriate type of hoist for each resident who requires it. This will be completed by tomorrow 28 September 2012 and will be communicated to all staff by 29 September 2012.</p> <p>An arrangement has been made for an OT from an external company to come next week 04 September 2012 to retrain all our staff in manual handling and use of hoist and also to help the nurses with decision making.</p> <p>As usual, one nurse is assigned downstairs and the other two nurses upstairs for supervision. The nurse assigned to both the floors will closely monitor the hoist usage at all times.</p> <p>The two care assistants in question will not be involved in any manual handling practices until they are retrained and are competent with hoist usage. Until this time they will be assigned on the first floor, where they will be working with two other care assistants and a staff nurse.</p>	<p>28 September 2012</p>
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<p><b>The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Two bathrooms floors were very wet and had towels left on the floor. This was a risk to the safety of residents using these facilities.</p> <p>The provider was required to take immediate action.</p>
<p><b>Action required</b></p> <p>Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.</p>

<b>Reference:</b> Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The staff members who assist the residents with showers in the morning are responsible to remove the wet towels from the floor and to dry the bathroom floor immediately after the shower. Meanwhile the other staff member could assist the resident to their room and help with dressing. This was communicated to all the staff this morning at the handover and is implemented from today 27 September 2012.	28 September 2012

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>  The provider was unable to produce evidence that all fire equipment had been serviced in February 2012.	
<b>Action required:</b>  Make adequate arrangements for the maintenance of all fire equipment.	
<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:  All the fire equipment was serviced in February 2012. This is documented and signed by the engineer in the fire book under the heading of equipment. The fire extinguishers are also signed and dated February 2012. We have sent in a letter from the external fire company the centre employs, confirming this. The fire alarm is serviced four times a year. Their service log is situated at the fire control panel. A letter was also furnished to the Health Information and Quality Authority confirming this.	Completed

**Outcome 8: Medication management**

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>	
Warfarin prescriptions were not written in line with the centre's policy.	
<b>Action required:</b>	
Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.	
<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:	
Medication management training was provided to all nurses on 20 September 2012. Person in charge and her deputy, monitor the medication management practices in the nursing home on an on-going basis. Following the inspection, all nurses are reminded regarding the importance of following the medication management policy of the nursing home.	Completed
Warfarin is only administered after receiving the written orders from the resident's General Practitioner. In certain circumstances if the warfarin prescription is provided by the resident's General Practitioner over the phone or by fax, the original prescription is written by him/her in the resident's medicine kardex within 72 hours. Warfarin tablets are double checked by two nurses prior to administering it to a resident.	Completed

**Theme: Effective care and support**

**Outcome 11: Health and social care needs**

<b>The person in charge is failing to comply with a regulatory requirement in the following respect:</b>
The care plans did not consistently reflect the assessed needs of residents.
Care plans were still not consistently updated when there was a change in the resident's condition. Recommendations of health professionals are not consistently

<p>included in the care plans.</p> <p>There was no evidence that residents and/or relatives were involved in the development of their care plans.</p>	
<p><b>Action required:</b></p> <p>Set out each resident's needs in an individual care plan developed and agreed with the resident.</p>	
<p><b>Action required:</b></p> <p>Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances and no less frequent than at 3-monthly intervals.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 8: Assessment and Care Plan  Standard 13: Healthcare  Standard 18: Routines and Expectations  Regulation 8: Assessment and Care Plan  Standard 10: Assessment  Standard 11: The Resident's Care Plan</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>Person in charge spoke to all the staff nurses regarding the importance of updating the care plans when there is a change in resident's condition or circumstances and also to include recommendations from all healthcare professionals in the care plan at all times. Care plans are reviewed every three months and are updated to reflect the residents changing needs and circumstances.</p> <p>Nurses have been booked to attend a training on assessment, documentation and care planning on 31 October 2012 and 14 November 2012. Person in charge will hold individual meetings with all the nurses over the next two weeks to discuss on how to write a person centred care plan for their assigned residents.</p> <p>The residents are involved in drawing up the care plans which is evidenced by their signature on each care plan. At the time of inspection we were in the process of obtaining signatures on the newly written care plans.</p>	<p>30 November 2012</p> <p>30 November 2012</p> <p>30 November 2012</p>

***Outcome 11: Health and social care needs***

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

A high standard of evidence based nursing care was not in place for responding to wound management, falls prevention and management and restraint.

Residents may be at risk of a pressure sore as pressure relieving equipment was incorrectly set for the needs of the residents and staff were not clear on how to manage pressure relieving mattresses appropriately.

Nurses did complete appropriate neurological assessments for residents who sustained an unwitnessed fall or those who had fallen and sustained a head injury.

Nurses did not demonstrate why an alternative to the use of restraint had not been successful and the rationale for the use of restraint was not clearly documented. Care plans for restraint did not guide the care.

The system to monitor the resident in restraint was not robust.

**Action required:**

Provide a high standard of evidence-based nursing practice.

**Reference:**

- Health Act, 2007
- Regulation 6: General Welfare and Protection
- Standard 13: Healthcare
- Standard 18: Routines and Expectations
- Standard 10: Assessment
- Standard 11: The Resident's Care Plan

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
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<p>Provider's response:</p> <p>Person in charge contacted the pressure relieving mattress company and requested to provide a clear instruction/guidance regarding the setting of the manually powered air mattress and is awaiting for a reply from them. We have one air mattress which is controlled manually and the rest are automatic powered air mattress.</p> <p>Neurological assessments will be carried out on residents who sustain an unwitnessed fall or those who had fallen and sustained a head injury.</p> <p>We continue to assess the residents need for bedrails and recliner chairs prior to the commencement of the restraints.</p>	<p>02 November 2012</p> <p>Completed</p> <p>30 November 2012</p>
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<p>Reassessment of restraint is carried out every three months. Care plans are updated to guide the care delivered. Residents who use bed rails are monitored every two hours and who use recliner chair are monitored every half an hour which is evidenced by the signature of staff member on the restraint observation form. These residents are given an opportunity for motion and exercise at least for ten minutes every two hours. Nurses have been booked to attend training on decision making and restraint on 09 November 2012. Alternatives tried prior to the commencement of the restraints will be documented in the care plans and in restraint assessment forms.</p>	
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<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Residents with a cognitive impairment were not always provided with opportunities to participate in activities appropriate to his/her interests and capacities.</p>	
<p><b>Action required:</b></p> <p>Provide opportunities for residents to participate in activities appropriate to his/her interests and capacities.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation 6: General Welfare and Protection  Standard 13: Health Care  Standard 18: Routines and Expectations</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>The floating staff continues to conduct activities with the residents appropriate to their interests and capacities as outlined in the activity schedule and records the daily activity in the activity log book. In addition to this staff, another staff member has been assigned in the front sitting room to supervise and to provide activities to the residents. Activities are also provided to the residents by the volunteers working in the centre.</p> <p>The activity therapy assessment forms are filled in by the residents and/or their family members and/or the designated nurses. This information is incorporated into their care plans and is also discussed with members of staff. This is reviewed every three months. Two staff members have been trained in SONAS programme and two more staff members are in the process of completing the SONAS programme.</p>	<p>Completed</p>



***Outcome 12: Safe and suitable premises***

<p><b>The provider is failing to comply with a regulatory requirement in the following respect:</b></p> <p>Storage for equipment was limited. Equipment was also stored on the very narrow corridor on the ground floor which reduced the space available to residents to walk freely on this corridor.</p> <p>Suitable changing and storage facilities were not available.</p> <p>There was a lack of assisted showers and toilets available for residents use.</p>	
<p><b>Action required:</b></p> <p>Ensure suitable provision for storage of equipment in the designated centre.</p>	
<p><b>Action required:</b></p> <p>Provide suitable changing and storage facilities for staff.</p>	
<p><b>Action required:</b></p> <p>Ensure the physical design and layout of the premises meets the needs of the residents.</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>Provider's response:</p> <p>I will have suitable storage area for equipment in place by January 2013.</p> <p>As regards changing areas for staff, I have an architect drawing up plans. If everything goes as scheduled, I should have a changing area for female and male staff within a year.</p> <p>The shower room outside Room no. five is quite tight. I plan to extend the shower room.</p>	<p><b>Timescale:</b></p> <p>31 January 2013</p> <p>31 October 2013</p> <p>31 January 2013</p>

***Outcome 12: Safe and suitable premises***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>  Inadequate arrangements for the cleaning of bedpans did not manage the risk of infection.	
<b>Action required:</b>  Provide necessary sluicing facilities.	
<b>Reference:</b> Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  All domestic staff have been reminded about their duties and responsibilities and are also advised to follow best practice in the cleaning of commodes. All staff members received training in infection control. They are instructed to strictly use the bed pan washer while cleaning the commodes and to use cleaner sanitizer to clean the surface of the commode chair after individual use.	Completed

**Theme: Person-centred care and support**

***Outcome 16: Residents' rights, dignity and consultation***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>  Mobile screening was inappropriate and did not provide adequate privacy for one resident in a shared room when personal care was being delivered.  Resident's choice was not considered with regard to the time they have breakfast.
<b>Action required:</b>  Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.
<b>Action required:</b>  Provide each resident with the freedom to exercise choice to the extent that such freedom does not infringe on the rights of other residents.

<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:  All staff members were instructed to read the nursing home's policy on privacy and dignity and to strictly adhere to the same. Staff nurses were instructed to supervise the care assistants at all times. Staff were advised to strictly use the bed curtain dividers and the mobile screens appropriately while providing care to the residents.  Resident's choice is considered with regard to the time they have breakfast. Our breakfast runs from 07:00 hrs. Some residents choose to have breakfast early and some choose to have at a later stage. This will be incorporated into their care plans.	Completed          30 November 2012

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

**Provider's response:**

Once again we thank the two inspectors for their courteous and professional manner.

**Provider's name:** Breda Pakenham and Edward Pakenham

**Date:** 30 October 2012