Health Information and Quality Authority
Social Services Inspectorate

Compliance Monitoring Inspection Report
Designated Centres under Health Act 2007

Centre name:	Carlingford Nursing Home
Centre ID:	0121
Centre address:	Old Dundalk Road Carlingford County Louth
Telephone number:	042-9383993
Email address:	carlingford@arbourcaregroup.com
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Cooley Nursing Home Limited
Person authorised to act on behalf of the provider:	Donal O'Gallagher
Person in charge:	Mary Brigid (Breda) O'Kane
Date of inspection:	10 and 12 October 2012
Time inspection took place:	**Day-1 Start:** 09:30 hrs **Completion:** 17:30 hrs **Day-2 Start:** 13:30 hrs **Completion:** 18:45 hrs
Lead inspector:	Leone Ewings
Support inspector(s):	N/A
Type of inspection	☐ **announced** ☒ **unannounced**
Purpose of this inspection visit:	☐ to inform a registration/renewal decision ☒ to monitor ongoing regulatory compliance ☐ following an application to vary conditions ☐ following a notification ☒ following information received

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 Regulation Directorate 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.

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

This monitoring inspection was unannounced and took place over two days, to follow up on actions outlined in the report of the previous inspection of 10 January 2012. The inspector was satisfied that the provider had fully addressed the two actions from the previous report. 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, medication management records, policies and procedures and staff files.

The operations manager and person in charge were notified at the commencement of the inspection of two recent concerns received by the Health Information and Quality Authority (the Authority) and another concern which related to a notification received by the Authority in July 2012. The issues related to service level provision for a respite resident and provision of healthcare needs for long-term residents at the centre.

The service did not meet all of 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*. Areas for improvement included staffing, medication management, premises, recording clinical practice and complaint records. These are described below and related actions are set out in the Action Plan at the end of this report.

A regulatory meeting took place at the Dublin regional office with the provider, person in charge and operations manager, on 14 January 2013 to discuss factual inaccuracy response from the provider and the submission of revised action plans. Correspondence was received by the Authority to support action plan response on 25 January 2013. This information was reviewed by the inspector and further information sought from the provider on 29 January 2013 which was received by the Authority on 4 February 2013.

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 1

There is a written statement of purpose that accurately describes the service 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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that the statement of purpose accurately described the service that was provided in the centre and it was updated to describe the details of registration. The inspector was satisfied that the service met the diverse care needs of residents as outlined in the statement of purpose and that it is kept under review by the provider.

The statement of purpose included all the requirements of Regulation 5 and Schedule 1 of Regulations. However, the name of the deputy manager who had left employment in February 2012 remained on the management structure, and reporting lines were unclear. The operations manager undertook to review this and submit an amended statement of purpose for review.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The named person in charge has responsibility for the day-to-day management of the centre. The person in charge is a registered children's nurse who has experience of caring for older people, and people with intellectual disabilities. She has recently completed a Further Education and Training Awards Council (FETAC) Level 6 course in Gerontology, and demonstrated that she had good knowledge of the Regulations and the Authority's Standards.

The person in charge was aware of her reporting requirements and submitted appropriate notifications. She was knowledgeable about individual residents' likes, dislikes and preferences. She has set up systems and practices to govern the centre effectively. For example, she had completed an audit of a sample of care plans. This information received informed the service to improve practice. Complaints management was found to be robust, and the person in charge was the designated complaints officer. However, improvements to the organisation and standards of documentation were required as outlined in Outcome 13 of this report.

She has been the nurse manager at the centre for almost five years and facilitated the inspection process by providing documentation and information required. She told the inspector that she was committed to the delivery of good quality care to residents, and was knowledgeable about all residents and families. She

acknowledged that the support of a deputy manager and additional registered nurses was necessary, and this recruitment process was ongoing. Currently she was supported by the Operations Manager on one to two days a week at the centre.

She was enthusiastic and person centred and was a visible presence in the centre and available to all residents, visitors and relatives at the centre.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that measures were in place to protect residents from being harmed or abused. The inspector 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. There were records to indicate that staff had received training on identifying and responding to elder abuse.

The Authority had received a notification of an allegation of abuse submitted by the person in charge since the last inspection. The inspector reviewed the records and discussed management of this incident with the person in charge. The response was found to have been robust and all residents were safeguarded by the actions of the person in charge. The policy on responding to elder abuse had been implemented in full. The allegation was not subsequently substantiated.

Residents spoken to confirmed that they felt safe in the centre. The inspector reviewed the centre's policy on the prevention, detection and response to elder abuse 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 person in charge had established links with the senior case worker for elder abuse in the Health Services Executive (HSE).

The inspector noted that all staff observed demonstrated good standards of communication and respect for all residents at all times.

Management and staff working at the centre are involved with the management of a small number of residents' finances/acting as a nominated agent for pensions. This aspect of financial management was not reviewed in detail on this inspection but will be inspected against at the time of the next scheduled 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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The safety statement and associated risk assessments were centre specific and found to reflect accurately the present safety arrangements and risk assessments for the centre. A risk register format was used to identify risks and hazards and control measures to modify or eliminate the risk were described. Among the areas identified were risks during the operation of equipment, infection control hazards and interior and exterior premises risks.

The measures in place to address infection prevention and control included the provision of adequate supplies of personal protective equipment, training for staff in best practice standards, appropriate vigilance so that soap dispensers and alcohol gels were replenished regularly. However, staff were observed using hand-washing facilities in the sluice room before handling medication which was inappropriate. Further to this, no hand-washing facilities were found to be readily available in the nurse's clinical room where medication and dressings were kept. Hand gel was not evident on the mobile medication trolley for use between each resident.

Household staff were able to describe the safety arrangements that underpinned their work. They said that they were informed by nurses when residents had infectious illness and could describe good infection control practice such as using personal protective equipment, disposing of it after individual use and ensuring high levels of cleanliness. However, no hand-washing facilities had been put in place in the general cleaner's room to date.

Overall, the environment was noted to be clean and there were appropriate arrangements for the management of household and clinical waste. However, the sluice room on day one was poorly organised and required a deep clean, this was undertaken and found to be satisfactory on day two of the inspection. Cleaning materials and equipment was found stored in this sluice room which was inappropriate and an infection control risk. The door to this room and the nearby laundry was not kept closed to restrict resident access to these staff only rooms.

There was a missing person policy in place which included clear procedures to guide staff should a resident be reported as missing. There was an arrangement in place for rehearsing a missing person drill. This was described by staff as helpful in guiding their actions in such a situation. Personal profiles had been completed for all residents. These were noted to describe residents dependency needs and use of any equipment. Residents at risk if they left the building were known to staff who told the inspector they were vigilant about knowing their whereabouts. Relatives were observed collecting residents for days out and to "go home" for a few hours. This was facilitated in a helpful manner by staff on duty. There was a visitor's record in place to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was strategically located by the reception desk and system was noted to work well with persons entering and leaving the building stopping to sign in and out. The centre was further protected by key codes on some service doors and CCTV cameras at entrance and exit points and on hallways. These arrangements did not impede any residents who wished to move around the centre independently or using mobility aids.

There were arrangements in place for recording and investigating incidents and accidents. An accident record outlining all falls and injuries sustained by residents was maintained. There was a system to ensure learning for all staff from accidents according to the person in charge who said that incidents were used to identify residents at particular risk and measures that could protect them. One recent incident related to an incident of challenging behaviour and an injury a staff member sustained as a result. This was found not to have been fully reviewed to date. The inspector discussed this with the person in charge who undertook to follow up on this matter.

The inspector reviewed the written notifications that had been sent to the Authority. Since the last inspection on 10 January 2012 there had been 11 NF03 notifications. Two related to fractures sustained at the designated centre, two related to wounds sustained post falls, one to a resident admitted with leg ulcers, one related to a pressure ulcer on return from hospital. One incident, reported on 27 June 2012 to the Authority, was submitted seven working days after the incident and not within three working days as required by the Regulations. The fact that the notification was submitted late was discussed with the person in charge, who had written in that she

was “off for a couple of days” and staff on duty in her absence did not submit the appropriate notification.

The inspector found that there were systems in place to ensure that fire safety arrangements provided appropriate safeguards for residents, staff and visitors. There were smoke detectors located in bedrooms and general purpose areas. Emergency lighting was provided throughout the building. The inspector viewed contracts for the servicing of fire alarms and fire fighting equipment. These were serviced on a contract basis. Fire doors and fire exits were checked every day to ensure that they were unobstructed and operational. These checks were recorded. When walking around the building the inspector observed that fire exits were clear and unobstructed. The inspector viewed records of fire drills and staff training which took place at the centre which was well maintained.

Maintenance staff were employed to address day-to-day repairs and general upkeep of the building and grounds.

The training record verified that all staff were trained in the moving and handling of residents. Assistive equipment including specialist beds and wheelchairs was noted to have been serviced within the last six months. The inspector found during the inspection of the premises that hydraulic hoists were stored on the corridor near the nurses’ station, which restricted mobile resident access to handrails.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The arrangements for medication management which were in place at the time of the last inspection had changed recently and a new electronic prescription administration sheet was now in place. Medication is supplied by a pharmacist who is active in the centre and provided guidance and training for staff on aspects of medication management and related care topics. For example, recent talks took place on influenza vaccination and nutritional supplements.

Each resident had their own medication supply held by nursing staff in a locked trolley. Nurses administered medication and signed the medication administration chart. The inspector observed the nurse during the medication rounds and found overall that medication was administered in accordance with best practice standards

and professional guidelines. However, the inspector determined that improvements were required to ensure that the practice is safe and not open to error or omission, in light of recent changes to documentation.

There was a policy and procedure that outlined the arrangements for the management and administration of medication. However, the policy did not reflect the new arrangements which had been put in place for medication management. Nurses reported that the new system was working well. The inspector found that the new arrangements were not clearly outlined in the medication policy and concluded that the documentation needed to be revised to provide accurate and up to date guidance for staff.

Controlled drugs were secured in a locked cabinet. The inspector viewed the controlled drugs register and the arrangements in place for the checking and storage of this medication with one of the nurses. Controlled drugs were checked by two nurses at the change of each shift to ensure all drugs were accounted for. The quantity of the preparations checked was in accordance with the controlled drug register. The inspector found that original MDA pharmacy supplied packaging for all controlled drugs was not available in all cases and recommends that these be retained in line with best practice. An unopened bottle of morphine sulphate elixir did not contain an expiry date and had a handwritten label. The nursing staff indicated this was older stock from and would be returned to pharmacy.

Medication observed being administered as crushed was not consistently prescribed in any defined manner and the out-of-date written policy did not fully reflect practices observed during the inspection. Seven identified residents had their medication prescribed as ‘crushed’ and a letter from the pharmacist was in place informing nursing staff. However, the medication was not prescribed as crushed for each prescribed medication and did not contain consistent information on the prescribed direction which was not always in line with the information provided on the pharmacy label of the residents’ blister packs.

The staff nurse was interrupted on a number of occasions and had to leave the lunch time medication round to undertake other duties. Medication was also concealed in small portions of foods. For example, medication was given to residents on a spoon with custard including one resident with diabetes and residents prescribed psychotropic medication. Medication administration charts were not fully completed with details of resident allergies or a photograph of the resident was not available on all charts.

Medication was reviewed every three months or more frequently by the general practitioners (GPs) visiting the centre. The person in charge and nurses said they were working towards having a more comprehensive review process. A detailed review was completed on day one of the inspection of the new medication administration charts and medication at the designated centre. The person in charge also identified the issues outlined by the inspector with the new administration charts. The person in charge arranged for the unsigned charts to be signed and reviewed by the GP before the inspector left the centre.

There was a process in place for audit of the medication administration system. A pharmacy audit had taken place on 3 October 2012 by the pharmacist and no major issues had been identified. The person in charge was not involved with the medication administration audit. The inspector was not satisfied that the audit process was sufficiently robust to identify all areas for improvement. A system was in place for medication errors which were reported and highlighted for remedial action. An error recorded during April 2012 involved a nurse delegating her responsibility to a care assistant to administer medication to a resident in the main dining room. The medication had been administered to the wrong resident. The inspector was not satisfied that the governance issues had been fully explored and any necessary re-training, and competency reviews had been put in place for all staff to ensure that this issue did not reoccur.

Outcome 9
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed the records of accidents and incidents that had occurred in the designated centre and overall, was satisfied that all relevant accidents were notified to the Chief Inspector as required apart from the late reported incident referred to in Outcome 7 above. Quarterly notifications had been submitted in a timely manner.

An incident involving a member of staff notified on the NF06 form had not been notified as an allegation of misconduct. Following an investigation, the allegation had not been upheld by the person in charge. The inspector asked the person in charge to review the notifications section and guidance from the Chief Inspector relating to this matter and be aware of any future requirements to notify allegations of any allegation of staff misconduct.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge and provider had made arrangements for residents to have access to nursing, medical and allied health care professionals. Long-term residents had detailed comprehensive assessments based on evidence-based practice tools and had care plans in place which were updated to meet their changing needs. There was documentation in use to determine dependency levels, nutritional care, memory problems, the risk of developing pressure ulcers, vulnerability to falls, social care needs and their choices and preferences.

The inspector found that residents had good access to GPs in the area and were able to retain their own GP by arrangement. In addition, there was evidence of that resident had access to mental health services, occupational therapy, physiotherapy, speech and language and dietetics, as required.

The person in charge provided a detailed account of how care was provided to residents who had wound care problems and the information supplied was in accordance with good practice guidance. There were evidence based assessments in place that described vulnerability to pressure area problems such as nutritional risk, weight loss and medical factors. These assessments were noted to be reviewed at the required three-month intervals and more frequently when residents' needs changed. However, improvements were required to the standards of clinical documentation of care were identified as no care plan was in place to address the changing nutritional needs and skin tear. In addition, the standard of admission documentation for respite residents was found to be inadequate. The person in charge told the inspector she had arranged for a specialised mattress overlay to be put in place, at the time of the inspection and submitted the appropriate notification to the Authority.

Referrals for advice and guidance from dietician, occupational therapist or speech and language therapist were documented appropriately. A member of nursing staff told the inspector that all residents' weights were monitored both weekly and monthly. When required dietary and fluid intake was monitored and recorded when residents were vulnerable. A formal nutritional risk assessment – the Malnutrition Universal Screening Tool (MUST) was completed for all residents and was available in care records. Where the assessment identified a risk, the resident was highlighted for more intensive supervision including referral to the dietician. The inspector found that while staff completed the MUST scores that these findings were not always used to review care plans and the policy on nutrition screening did not inform staff fully of steps to take.

Records provided confirmation that advice and treatment from professionals such as physiotherapists and occupational therapists was available. The group occupational therapist assessed residents who needed specialist equipment and the inspector saw that their assessments and recommendations were recorded and followed up by nurses and carers.

Behaviour that challenged was documented well over the 24 hour period and residents had been reviewed when required. The community mental health nurse reviewed residents referred to the service regularly. Medication prescribed for mental health problems was reviewed by doctors and by the psychiatrist.

There was a policy on the use of restraint to guide staff practice and the inspector noted that there were ongoing efforts to monitor the use of any restraint. The use of low profile beds to protect residents at risk of falls was the preferred choice and the inspector also saw evidence of use of crash mats beside beds. Other restraints included wander alerts to protect four residents at risk if they left the building and six sensor alarms that were used at night to prevent fall. A small number of residents had wheelchairs with safety belt in use and other specialised chairs with built in belts. One resident moved about frequently in their chair and required additional

levels of supervision. One incident had been reported where a resident had toppled from the chair whilst a safety belt was in use. The resident had been alone at the time of the incident. Supervision arrangements had been reviewed following this incident and care plans updated.

While records and practices in relation to restraint were generally good, the inspector noted that some improvements were needed to ensure that restraint use was in accordance with good practice guidance. The inspector concluded that further work was needed to ensure that restraint interventions were only used when there was an identified need and when other interventions had failed to provide adequate levels of protection. Training should be provided to ensure all nursing and care staff have up-to-date information to guide their practice. Resident records where additional supervision was identified were not found to be accurate and should reflect the individual requirements of each resident following a risk assessment, particularly where restraint measures are in use at the centre.

The daily notes completed by nurses described progress in relation to physical healthcare needs well. However, the records did not reflect the generally good standard of assessment and care planning and did not give a clear picture of the range of care delivered over the 24 hour period. For example, there were few reflections on how residents had spent their day, the activities they had taken part in or if they had visitors or engaged in other social contacts. Assessments did not outline residents remaining abilities or their capacity to engage with others. The inspector was unable to determine from the records given to the inspector on the first day of the inspection.

The inspector found that residents social care needs were documented and there were references to personal choices and interests in relation to activities in the care plans reviewed. There was a program of activities in place which was facilitated daily by the activity coordinator and care staff. They had good knowledge of residents' backgrounds and interests. The activity program included reading newspapers, discussions, indoor games, live music and Sonas sessions for residents who had cognitive issues. There was a fish tank in a communal area and bird feeders outside windows which had been introduced to provide interest for residents. Residents could access quieter seating areas and a safe secure outdoor space and these areas had been cultivated with shrubs, raised beds and a water feature to provide interest for residents.

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

Action(s) required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

The grounds were maintained to a high standard. The village of Carlingford is a short walk from the centre. The centre was clean, warm and well decorated. The centre is purpose built and laid out in a spacious way which facilitates maintaining residents' independence and mobility.

The inspector reviewed the floor covering in bedroom 44 which had been replaced and the fan in room 38 which had been repaired.

A maintenance person was employed on a full-time basis to address any issues which arose. However, the water temperatures were found to be higher than 43 degrees. For example, in the visitor's kitchen the temperature was recorded at 50.2 degrees Celsius, en suite hand-washing sink of room 12 temperature recorded at 48.2 degrees Celsius, and en suite hand-washing sink of room 17 46.1 degrees Celsius. The operations manager and person in charge informed the inspector that this issue would be addressed immediately on the day of the inspection.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The complaints reported to the person in charge had been documented in a complaints book and all had been addressed. The complaints policy and procedure was clearly displayed in the reception area. The person in charge manages complaints at the centre. The complaints records were reviewed by the inspector and

were not found to be fully maintained in line with legislative requirements, as a record of the outcome and whether the resident was satisfied with the outcome was not clearly recorded in all cases. The inspector discussed with the person in charge and the operations manager that there was no evidence of audit and review, in line with the complaint's policy.

The Authority had been notified of a complaint by the family of a resident made following an adverse incident, which had also been notified to the Authority. The records of the meetings and review of records of this complaint were reviewed by the inspector and found to be satisfactory. The record of the outcome of a meeting held with the provider was not available for review at the time of the inspection and was requested to be forwarded for review post inspection. This information was subsequently forwarded on 26 October 2012 to the inspector.

Information was also made available to the Authority regarding one relative who was dissatisfied with the standard of care received by a relative who had stayed at the designated centre for respite. The issues included lost property, unrecorded incidents and management of challenging behaviour. The issues raised were not raised or documented with staff at the designated centre during or following the admission. However, the inspector reviewed a sample of respite admissions including the two residents at the designated centre on the day of the inspection. The inspector found that detailed up-to-date assessments or care plans had not been created to inform staff caring for the residents in line with the admissions policy. The inspector also found that an incident had not been documented on the day of discharge for one resident and lost property had not been documented in the complaints records (other than in the nursing narrative of residents' records). The person in charge indicated she would contact the area coordinator for older persons in Louth Health Services Executive who arranged for regular respite admissions and follow up on this matter.

The inspector spoke to residents and relatives and they confirmed that they would let the person in charge know if there was an issue they needed to resolve. All aspects of the complaint's policy were not found to be fully implemented, in that the operations manager had not reviewed the complaints on a quarterly basis, in line with the written policy. The inspector recommends that the policy flow sheet is reviewed and also includes the process for when a complaint is upheld following investigation by the nurse manager.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Overall the staffing numbers and competencies were found to be adequate on the dates of the inspection. Effective governance, leadership and management were maintained in keeping with the size and stated purpose of the service. However, some improvements to the staffing roster were required to take into account the workload, planned respite admissions and changing needs of the residents. Appropriate staffing arrangements should be planned for and implemented on Mondays on the day of admission of two respite residents to ensure admission procedures are maintained to a high standard. The dependency and care needs of residents and future residents should be kept under close review on an ongoing basis.

The inspector reviewed the staff duty roster for the week the inspection took place. Rosters since the last inspection were also reviewed to confirm that the staffing levels in place were the normal for the centre. Three qualified nurses (inclusive of the person in charge) were rostered on duty from 8am to 3pm, the staffing levels reduced to two qualified staff and then one on duty from 5pm when the person in charge left the centre. The care assistants on duty during the day were as follows:

1. 7.30am to 5pm
2. 9am to 8pm
3. 9am to 8pm
4. 7.30am to 7.30pm
5. 7.30am to 12.30pm / 4pm to 9pm
6. 7.30am to 5pm

One registered nurse and two care assistants were on duty from 8pm for the night shift and one day-care assistant worked on until 9pm. Handover took place at 8pm. In addition, an activities coordinator worked from 10am to 6pm.

The person in charge and nursing staff had completed an up-to-date Barthel Index on each resident which indicated dependency of each resident;

Total Dependency	12
Severe Dependency	12
Moderate Dependency	20

Dependencies had not increased significantly since the last inspection. The person in charge told the inspector that some recent changes had been made to care staff start and finishing times to ensure that the needs of the residents are met throughout the day and kept under review. The number of hours had not been reduced or increased. The staff numbers and hours were similar to the findings from the last inspection. The operations manager was also present on both days of the inspection to support the role of the person in charge and staff team. A discussion was held with the person in charge and the operations manager, and the inspector recommends that a written review of the staffing arrangements is put in place to evaluate the quality of the care delivered by staff with reference to the changing needs and dependencies of the residents living at the centre.

A system was in place to obtain documents related to Schedule 2 of the Regulations information in respect of each person working in/at the designated centre including evidence of nurse's professional registration of nurses rostered. A sample of staff files reviewed confirmed compliance with this Schedule and included copies of staff qualifications and evidence of Garda Síochána vetting procedures. Recruitment for registered nurses was ongoing and a recently appointed full-time nurse was now rostered. Existing registered nurses were working additional hours to their part-time hours and the person in charge had completed three night duty shifts to cover. An arrangement was in place with a nursing agency to obtain staff when required. The person in charge told the inspector that the agency nurses would be working under supervision of a more senior nurse at the centre.

Staff described their roles and responsibilities, and were able to explain these to inspectors. The management structure and reporting relationships now in place were clearly understood by staff working at the centre. However, as reported earlier and in Outcome 1, a clarification was required relating to the reporting structures.

Staff required education, training, supervision and development in aspects related to recording clinical practice, care planning and medication management in order to provide evidence-based practice in accordance with professional and national guidelines and legislation.

The audits completed and reviewed by the inspector needed to be more detailed, and additional time and resources put in to undertaking meaningful audit, which accurately reflects the standards of documentation at the designated centre. In addition the standard audit did not include the nursing documentation required for the respite residents who are admitted on a weekly basis to the centre. For example, the inspector found some of the relevant nursing documentation was found to be inadequate, and assessment and care plans not kept up-to-date.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the nurse manager to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, person in charge, operations manager and staff during the inspection.

Report compiled by:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

29 October 2012

Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider's response to inspection report *

Centre Name:	Carlingford Nursing Home
Centre ID:	0121
Date of inspection:	10 and 12 October 2012
Date of response:	23 November 2012, 26 November 2012, 19 December 2012 and 1 March 2013

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: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

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

The statement of purpose and function contained details of a deputy manager in the management structure and reporting structures were not clearly outlined.

Action required:

Compile a statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The role of Deputy Nurse Manager was vacated in February 2012 and we failed to amend the organisational structure section of the Statement of Purpose at that time in error. A revised Statement of Purpose has been submitted to the Authority.	11 October 2012

Outcome 4: Records and documentation to be kept at a designated centre

The provider is failing to comply with a regulatory requirement in the following respect: The medication administration records were not found to be in accordance with relevant professional guidelines, or audited by the person in charge. The daily records maintained by nursing staff did not reflect the assessment and care planning process and did not convey the range of care provided throughout the day.	
Action required: Maintain, in a safe and accessible place, a record of each drug and medicine administered in respect of each resident, giving the date of the prescription, dosage, name of the drug or medicine, method of administration, signed and dated by a medical practitioner and the nurse administering the drugs and medicines in accordance with any relevant professional guidelines.	
Action required: Maintain an adequate nursing record of the person's health and condition and treatment given, completed on a daily basis and signed and dated by the nurse on duty in accordance with any relevant professional guidelines.	
Reference: Health Act, 2007 Regulation 25: Medical Records Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**

Provider's response: We maintain a record of each drug and medicine administered in respect of each resident, giving the date of the prescription, dosage, name of drug or medicine, method of administration, signed and dated by a medical practitioner and the nurse administering the drugs and medicines in accordance with relevant professional guidelines. On occasions when there were no known or communicated allergies, one field depicting the allergies of our residents of the medication administration sheet (MAR) was not being completed. All residents with a known allergy have this field filled in. Our pharmacy have agreed to fill in this section on all MAR's in every case even if there is no known allergies. All MAR's in use now have this field completed. We have instructed our pharmacy to include the checking of this section of MAR's in the course of their regular audits. Similarly our own medication management audit has been amended to check for all blank spaces. Our Nursing Notes for every resident reflects their health and condition and nursing care given over each 24 hour period. We are committed to conducting continuing reviews of nursing notes to seek constant improvement and implement same. The next review will be completed on 10 December 2012.	20 October 2012 10 December 2012

Theme: Safe care and support

Outcome 6: Safeguarding and safety

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

There was no evidence of key staff receiving training on the use of restraint in line with national guidelines.

Action required:

Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 21: Responding to Behaviour that is Challenging

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Our restraint policy was developed based on national best practice. Training of this policy takes place regularly in the home. All staff are fully aware of our policy of minimum restraint and that it is utilised only as a last measure and for the shortest period only. In addition we have arranged for the nurse manager and a registered nurse to attend a restraint training day to be held on 28 November 2012. Following this training, and in line with company policy this will lead to a further review and updating of our policy and practices on restraint which will then be included in all future restraint training.	Wednesday the 28 November 2012

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect: The person in charge had not ensured that all significant events, such as accidents, dangerous occurrences were recorded, audited and feedback and education provided to prevent recurrence. An incident which involved a resident sustaining a laceration was not documented on an incident reporting form by the registered nurse discharging a resident from the designated centre.
Action required: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.
Action required: Ensure the written risk management policy is fully implemented throughout the designated centre.
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Our risk management policy, in conjunction with our safety statement, management audits and healthcare audits ensure our regulatory compliance for the identification, recording, investigation and learning from all serious and untoward incidents involving residents. Our policy is fully implemented in the nursing home and our next planned review will be completed on 20 January 2013.	20 January 2013

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect: The written operation policy on medication management was out of date and did not fully inform staff at the centre regarding changes in practice and procedure for medication management.
Action required: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.
Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Following improvements to the medication management system we had failed to update the policy. This is now completed and the policy accurately reflects the changes. The policy has been submitted to the Authority for review.	17 October 2012 19 December 2012

Outcome 9: Notification of incidents

The person in charge is failing to comply with a regulatory requirement in the following respect: The person in charge submitted a notification outside the timeframe required by the Chief Inspector. Proper arrangements were not in place in the absence of the person in charge for such notifications to be submitted as required by legislation.	
Action required: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.	
Reference: Health Act, 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A notification to Authority was late by four working days. The person in charge and provider are committed to ensuring that no notification will be late again.	Immediate and ongoing.

Theme: Effective care and support

Outcome 11: Health and social care needs

The provider is failing to comply with a regulatory requirement in the following respect: One resident had no care plan in place to address a pressure ulcer identified on the day before the inspection. Respite residents care plans were inadequate to meet their needs and inform staff on provision of adequate care. Care plans did not adequately address care delivery for residents who required medication crushed or given in a specific prescribed form.
Action required: 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 three-monthly intervals.

Action required: Review admission arrangements and audit assessment and care planning policy in place for respite admissions.	
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: All long stay resident have a detailed person centred care plan in place and these are reviewed as required depending on the changes to the needs of the resident but no less frequently than on a three monthly basis. For short stay respite residents we complete a care plan based on their immediate assessed needs on the day of admission in line with the twelve activities of daily living. This is altered and added to as required during their stay with us depending on their specific care needs and requests, our further observations and any input from the resident's relatives and friends. A review of our policy and practices is to commence on 16 December 2012 with a completed report delivered on 7 February 2013.	7 February 2013

Outcome 12: Safe and suitable premises

The provider is failing to comply with a regulatory requirement in the following respect: Hand-washing sinks at the designated centre had temperature recorded above 43 degrees Celsius. Hand-washing sinks were not provided in the nurse's station or general cleaner's room at the designated centre.
Action required: Provide sufficient hand washing sinks fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Every hot water supply throughout the nursing home is fitted with thermostatic control valves. Every sink has now been tested and two control valves adjusted. Two hand washing sinks are on order to be installed in the areas identified during the inspection.	15/10/2012 To be installed by 21 December 2012

Theme: Person-centred care and support

Outcome 13: Complaints procedures

The provider is failing to comply with a regulatory requirement in the following respect: The complaints records were incomplete and did not fully detail the investigation and outcomes of the complaint and whether or not the resident was satisfied.	
Action required: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.	
Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: All complaints are investigated in full and written documentation is on file to that effect. Our error was that we described the outcome of the complaint procedure as the complainant was "happy" or " content" as opposed to the required description under the regulations of	Immediate

"satisfied" or "dissatisfied". This error has been corrected. This will also appear on the agenda of the next staff nurse meeting to be held on 2 January 2013.	

Theme: Workforce

Outcome 18: Suitable staffing

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

Staffing provision on Mondays was inadequate to ensure that the two planned respite admissions were comprehensively assessed and documented on the day of the admission.

Provision for unanticipated leave was inadequate and additional whole time equivalent registered nurses were required to ensure a safe level of practice and supervision of staff, in the absence of the person in charge.

The staff required additional training and guidance on recording clinical practice, care planning, and medication management.

Action required:

Review staffing requirements for Mondays and ensure that adequate registered nurse cover is in place to comprehensively assess and plan care for the two planned respite admissions.

Action required:

Ensure that the numbers and skill-mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre, and supervise staff members on an appropriate basis pertinent to their role.

Action required:

Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence-based practice.

Reference:

Health Act, 2007
Regulation 17: Training and Staff Development
Regulation 16: Staffing
Standard 24: Training and Supervision

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

Provider's response: The staffing complement for the home on Mondays will be reviewed on 19 December 2012 and if deemed necessary we will make changes as per that review. Staffing reviews in terms of numbers and skills are a regular and on-going aspect of our management function. We are satisfied that our current staff numbers are appropriate to our residents care and social needs as well as in relation to the size and layout of the building. This is based on our healthcare outcomes as well as on satisfaction levels of residents and relatives. Supervision of our staff is also under constant review and currently we are happy that they receive appropriate support and supervision. We have a company policy of constant improvement supported by a comprehensive approach to staff training. Staff training for 2013 is being planned at present. The training plan for next year will be set by the end of January 2013. We currently provide training to our team on various topics including fire safety, the detection and correct management of elder abuse, manual handling, fire drills, behaviour that challenges, wound care, restraint, complaints management, FETAC Level 5 in all modules some of which are; older person care, palliative care, communication, infection control, challenging behaviour, dementia care, activities for those with a cognitive impairment.	19 December 2013

Any comments the provider may wish to make[1]:

Provider's response:

The team at Carlingford Nursing Home wish to thank the Inspector for a relaxed and stress free inspection. Residents and staff all commented on the Inspectors easy approach and friendly manner. We were pleased that the report details much of our hard work and effort in caring for our residents. However, in the course of reviewing and responding to this report some issues arose relating to factual accuracy. Following two separate factual accuracy submissions by the team at Carlingford Nursing Home to the Authority and a meeting with the inspectorate in their offices, many of these issues were addressed to our satisfaction. We still have concerns that the report is not as positive as the previous reports and we feel that we may have been a little complacent in providing sufficient information and documentation to the inspector during the inspection to ensure that a full appreciation of the standards maintained are reflected in the report.

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

In line with our company policy of constant improvement to all elements of the care and service that we deliver to the residents of Carlingford Nursing Home, I look forward to future opportunities to reflect our standards of care.

Provider's name: Donal O'Gallagher
Date: 1 March 2012