

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated Centres under Health Act 2007



Centre name:	Conna Nursing Home
Centre ID:	0215
Centre address:	Conna
	Co Cork
Telephone number:	058-59876 and 058-59888
Email address:	connanursinghome@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Conna Nursing Home Partnership
Person authorised to act on behalf of the provider:	Patrick Beecher
Person in charge:	Marian Prendergast
Date of inspection:	1 August 2012 and 2 August 2012
Time inspection took place:	Day 1-Start: 09:00hrs Completion: 18:20 hrs Day 2-Start: 08:55hrs Completion: 13:30 hrs
Lead inspector:	Caroline Connelly
Support inspector:	Breeda Desmond
Type of inspection	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Date of last inspection:	3 August 2011

About inspection

The purpose of inspection is to gather evidence on which to make judgements about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met 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* under 18 outcome statements. The outcomes set out what is expected in designated centres.

Outcome 1 <i>There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.</i>
Outcome 2 <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis.</i>
Outcome 3 <i>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</i>
Outcome 4 <i>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.</i>
Outcome 5 <i>The health and safety of residents, visitors and staff is promoted and protected.</i>
Outcome 6 <i>Each resident is protected by the designated centre's policies and procedures for medication management.</i>
Outcome 7 <i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.</i>
Outcome 8 <i>Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.</i>
Outcome 9 <i>Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.</i>
Outcome 10 <i>Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.</i>

<p>Outcome 11 <i>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.</i></p>
<p>Outcome 12 <i>Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.</i></p>
<p>Outcome 13 <i>The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.</i></p>
<p>Outcome 14 <i>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.</i></p>
<p>Outcome 15 <i>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.</i></p>
<p>Outcome 16 <i>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).</i></p>
<p>Outcome 17 <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p>Outcome 18 <i>The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.</i></p>

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain

The inspection report is available to residents, relatives, providers and members of the public, and is published on www.higa.ie in keeping with the Authority's values of openness and transparency.

About the centre

Location of centre and description of services and premises

Conna Nursing and Convalescent Home is a single-storey, purpose-built designated centre which provides continuing care, respite and convalescence care for older adults, some with cognitive impairment. It accommodates 50 residents and there were 49 people living there at the time of inspection, one resident was in hospital but was due to return to the centre on the day of inspection.

The centre was furnished to a high standard and was clean and well maintained. The main entrance is an expansive area with several places for seating and relaxing. There is a nurses' station, dining room, lounge, library, oratory, smoking area, and hair salon and therapy room located off a central foyer. Bedrooms are set out in three corridors called suites, Aghern Suite, Douglas Suite and Castle Suite. Leading from this central reception area there is a conservatory at the end of one of the corridors and an enclosed garden located between two suites. There are 18 single bedrooms and three twin-bedded rooms with en suite facilities and a further 24 single rooms sharing en suite facilities between two rooms. There are also two single bedrooms without en suite facilities but these have bathroom facilities across the corridor from them.

The centre is set in extensive grounds which are landscaped and well maintained. There is both ample space for residents to walk outside and car parking.

Conna Nursing and Convalescent Home is located on the edge of Conna village, Co Cork, in a rural and scenic location.

Date centre was first established:	2003
Date of registration:	30 March 2010
Number of registered places:	50
Number of residents on the date of inspection:	50*

* including one resident in hospital

Dependency level of current residents as provided by the centre:	Max	High	Medium	Low
Number of residents	20	16	11	3

Gender of residents	Male (✓)	Female (✓)
	✓	✓

Management structure

The centre is owned by a partnership of seven people. One of those partners, Pat Beecher, is the Managing Director and the Designated Provider. The Director of Care, Marian Prendergast is the Person in Charge and she reports to the provider.

The Person in Charge is supported in her role by a nurse in charge, Catherine Feeney, and the nursing, care, household and administrative staff report to her. Catering staff report to a catering manager who in turn reports to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	3	9	3	4	1	1*

* Activity staff

Summary of compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This report sets out the findings of an unannounced inspection. This was the third inspection of Conna Nursing Home by the Health Information and Quality Authority's Social Services inspectorate. This inspection took place over two days on 1 August 2012 and 2 August 2012. As part of the inspection inspectors met with the person in charge, the provider, 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.

The findings of the inspection are set out under eighteen outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Residents' comments are found throughout the report.

In summary, the person in charge was involved in the day-to-day running of the centre and was committed to providing a good standard of person-centered care to residents. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Community and family involvement is encouraged with residents saying their relatives/visitors felt welcome at any time and numerous visitors were seen throughout the inspection. The centre was finished to a high standard and there was appropriate use of color and soft furnishings to create a homely environment.

There were a number of improvements identified on previous inspections that remained unmet despite a response from the provider giving completion dates that had already expired. The inspectors highlighted that these issues required immediate attention as the provider was in continued breach of the regulations; the provider and person in charge committed to the immediate action at the feedback meeting with the inspectors.

These improvements and other improvements as outlined below are required to comply 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*. The provider was required to complete an action plan to address these areas.

These improvements included:

- quality monitoring and auditing of the service provided
- more robust complaints management
- provide elder abuse training to all staff
- updating health and safety and risk management policies
- completing staff files
- completing contracts of care
- updating policies and procedures
- consultation with residents
- care planning required implementation.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. Statement of purpose and quality management

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the statement of purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Inspection findings

The statement of purpose and function was viewed by the inspectors. It described the service and facilities provided in the centre. It identified the staffing and numbers of staff in whole time equivalents and also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care.

Outcome 2

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

References:

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

Inspection findings

There was a residents' committee in place but its meetings were not held regularly; this will be discussed further in outcome 11.

Although some trending was completed on accidents and incidents in 2011, audits were not completed on a regular, consistent basis and used for the purposes of ongoing quality monitoring and continuous improvement. This had been a requirement of the two previous inspections and the provider and person in charge were informed and agreed at the feedback meeting that this needed to be prioritised. A number of staff had attended training on auditing in May 2012 but to date had not put the learning into practice.

The inspector requested a report to be submitted with the quarterly returns to the Chief Inspector in respect of any future reviews conducted and any changes implemented in relation to practices.

Outcome 3

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Inspection findings

There was a current written complaints policy available for residents and their relatives and the complaints process was outlined in the Residents' Guide and the contract of care, but it required minor alteration to remove the Authority from the complaints policy.

The person in charge and staff spoken with conveyed a good understanding of the purpose of the complaints procedure. In practice, records of complaints were kept, with an independent appeals person nominated. The complaint log was viewed by the inspector but the documentation for complaints was not sufficiently robust; it did not contain a record of any investigation undertaken, action taken, outcome of the complaint and whether or not the resident was satisfied, as is required by legislation.

2. Safeguarding and safety

Outcome 4

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Residents' Finances

Inspection findings

Training records viewed by the inspector showed that staff had received updated elder abuse training in 2012 with a further date booked for October 2012. A number of staff interviewed informed the inspector that they had viewed the Health Service Executive (HSE) DVD on elder abuse and held discussions in order to increase their awareness and understand clearly their responsibilities. Staff were aware of what to do if an allegation of abuse was made to them and the provider and person in charge told the inspectors there was a policy of no tolerance of any form of abuse in the centre. However, the hairdresser and new care assistant staff had not received this training to date.

The inspectors viewed the system in place to record and store residents' money and valuables handed in for safe-keeping in the centre. Although money and valuables were stored in a central secure safe the documentation in relation to their storage was not sufficiently robust. One resident's money which was stored in an envelope which would then be thrown away following use was viewed by the inspectors. No record was maintained of lodgements/withdrawals, rolling balances and signatures for lodgements/withdrawals, which did not protect the resident or the staff and therefore did not meet the requirements of legislation.

Outcome 5

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Inspection findings

The fire policies and procedures were centre-specific. There were notices for residents and staff on "what to do in the event of a fire" appropriately placed throughout and staff interviewed were aware of what to do in the event of fire. Fire training was provided to staff in October 2011 and is booked again for 2012. Inspectors saw records of the training and staff confirmed their attendance at same. Records of tests carried out on the extinguishers and equipment were seen and completed in April 2012. Regular fire drills took place and records were maintained of same.

Although there was a plan of what to do in the event of a fire there was not a comprehensive written emergency plan, with emergency procedures and contact numbers to cover all emergencies and where to relocate residents in the event they were unable to return to the centre.

There were no safety statement and hazard identification sheets in the centre throughout the inspection. The person in charge informed the inspector that these all required review and were currently with the safety company being updated and were due back to the centre, but they had been without them for a number of weeks. They were informed by the inspectors to always keep a copy of the old safety statement and risk assessments on site during the updating process. The risk management policy viewed also required review and required an implementation and review date.

Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency and pressure sore development.

Inspectors saw that there was a comprehensive log of all accidents and incidents that took place. A new more robust system of documentation had been implemented since the last inspection. Residents' accidents and incidents were documented in their nursing notes and the entries corresponded with the accident and incident log. However, some accidents and incidents were not reported to the Chief Inspector as required by legislation. This will be discussed further in outcome 17 of the report.

A hand sanitizer was present at the entrance to the building and throughout resident and staff areas and gloves and aprons were readily available for use.

There were a number of issues identified by the inspectors in relation to the management of infection control and the current laundry system which did not meet best practice guidelines in infection control and management:

- there was no segregation of laundry at source
- there was no use of alginate bags for infected clothing
- sluicing of clothing was taking place and this occasionally took place in the hand-washing sink in the laundry room
- there was inappropriate use of chemicals

- laundry staff were not trained in the management of infectious clothing and correct washing temperatures.

Outcome 6

Each resident is protected by the designated centre's policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Inspection findings

The inspector observed a staff nurse on a medication round. The practice of checking, dispensing, and recording of the drugs administered was in line with current legislation and An Bord Altranais Guidelines on Medication Management. The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register, in line with legislation. Nurses were checking the quantity of medications at the start of each shift.

The inspectors noted a number of issues with medication management that did not meet the requirements of An Bord Altranais Guidance to Nurses and Midwives on Medication Management 2007:

- there was no photographic identification on resident medication charts
- there was no maximum dose for PRN (as required) medications
- there were items besides controlled drugs in the controlled drugs cupboard
- there was no system for audit of medication management
- the inspectors observed the medication trolleys open and unattended on a number of occasions during the inspection. The nurse on occasions had to leave the drug trolley to go to answer the telephone.
- the medication policies and procedures required updating and needed to include a policy on PRN medications and all required implementation and review dates and to be more centre-specific.

3. Health and social care needs**Outcome 7**

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied healthcare. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Inspection findings

A number of local GPs provided medical services to the centre. GPs visit routinely and all residents' care is reviewed at least three-monthly. Residents' medical records were inspected and these were current with entries including referrals, blood and swab results.

Residents, relatives and staff described the GP services as good. There was a responsive out-of-hours service available to residents seven days per week which was provided by Southdoc. Residents' additional healthcare needs were met. Fit-for-life, a group exercise programme facilitated by physiotherapists, was provided and individual physiotherapy services were available on request and paid for privately. The chiropodist visited regularly and saw all residents as required. Dietician services were provided by a dietician from a nutritional company who was also contactable by telephone for advice as required. All supplements were appropriately prescribed by a doctor. Audiology services were provided on a referral basis.

There were opportunities for residents to pursue healthy lifestyle choices and recreational activities. Health was promoted by a wholesome and varied diet and there was regular monitoring of each resident's health status. Residents received regular checks of their weight, blood pressure and pulse. Care staff described to the inspectors how they reported any changes or relevant details of residents in their care to the staff nurse. Inspectors observed that residents were encouraged to maintain their independence whenever possible and many residents were seen freely walking around the building.

Residents had assessments completed on admission which included dependency level, moving and handling, falls risk, pressure-sore risk assessment, nutrition, and mental test score examination. These assessments were generally repeated on a three-monthly basis, or sooner if the resident's condition required it.

The inspectors viewed a number of care plans and saw that, although comprehensive assessments were being completed, this information was not being

transferred into comprehensive person-centred care plans for the residents. There was little information/nursing interventions available in the care plan to direct care.

Wound-care charts were available in the centre but had not been implemented for a resident with pressure sores, as the staff had not identified the resident as having pressure sores. The lack of a comprehensive assessment and treatment plan meant that there was no scientific way of measuring any improvement/deterioration in his wounds. On the second day of inspection this was in place but the whole area of assessment and care planning requires immediate attention to ensure residents receive care in accordance with contemporary evidenced-based practice.

Bedrails are being used for a very large number of residents in the centre, a small number of whom had requested them for their comfort. Two residents were also being restrained by lap belts during the day. The inspectors saw that assessments for the use of restraint were being completed on residents. However, there was little evidence to show that alternatives to restraint had been tried and that staff were working to reduce the bedrail usage. Although two nurses had attended the train the trainer course on restraint they said they had not had time to implement the required changes. The whole policy and practice around restraint usage requires review and the centre needs to be working towards a restraint-free environment.

Outcome 8

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:

Regulation 14: End of Life Care
Standard 16: End of Life Care

Inspection findings

Inspectors saw that religious and spiritual needs were well provided for. The multi-denominational oratory was available for residents' quiet reflection and mass was held weekly, prayers and the rosary also took place at different times and residents confirmed their enjoyment of these services. A minister visited residents from religious denominations as required.

Following the death of a resident the person in charge informed the inspector that many residents and relatives choose to use the centre's oratory for the removal rather than using a funeral home, and that the staff facilitated the relatives and congregation and provided tea and refreshments. This enabled residents in the centre to pay their respects and be with their fellow residents.

End-of-life training was recently provided for nurses and care staff. The community palliative care team also provide assistance if required.

Outcome 9

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Inspection findings

Residents were offered a varied nutritious diet and the menu cycle made allowances for the preferences of individual residents, including those on special diets and those who required a modified consistency diet.

Residents had access to fluids throughout the day. Jugs with water were seen in bedrooms and communal areas and plenty of fluids were offered and encouraged at mealtimes.

There were two separate meal sittings in the dining room for lunch and tea. The first sitting allowed residents who required assistance with eating and drinking an opportunity to have the full attention and assistance of the staff. It also provided a quieter environment to enjoy their meal. The second sitting was for more independent residents and those who only required minimal assistance. Tables were set in an attractive manner with place settings and flower centre pieces. There was good communication between nursing and the catering staff about special dietary needs. The catering staff knew the residents' likes and dislikes and special diets which were documented in the kitchen. The choice, quality and presentation of meals were of a good standard. Residents confirmed that mealtimes were an enjoyable social event with many residents remaining at the table after their meal to chat and socialise.

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

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

References:

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

Inspection findings

Contracts of care had been implemented for residents and were seen by the inspectors in residents' files. However, a number of contracts seen were not completed fully and were missing dates and signatures of residents/relatives and therefore these were not valid contracts.

Outcome 11

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

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Inspection findings

The inspector heard residents being addressed in an appropriate and respectful manner and residents said staff always treated them with kindness and respect. Inspectors observed residents' privacy and dignity being respected and promoted by staff, in that staff knocked before entering residents' bedrooms and signs were outside some doors saying personal care was being delivered and not to enter.

Residents told inspectors that they were encouraged to exercise choice in areas such as meals and mealtimes, times for getting up and going to bed, and social and recreational fulfilment. There was also ample private space available for residents to meet with their visitors. Residents commended staff on how welcoming they were to all visitors, including inviting families and friends to have tea/coffee with the residents.

Residents described the social and recreational programme to the inspector. A weekly list of activities was on display and staff told residents about events taking place. Residents who did not wish to participate in particular activities were reading and having a chat amongst themselves.

There was a residents' committee in place. However, the person in charge told the inspectors that meetings were only scheduled six-monthly, despite information provided in previous action plans which stated they would be held more frequently. The inspectors viewed the minutes of the last meeting which was held in 2011;

therefore there had been no meeting in 2012. Satisfaction surveys had not taken place and although the person in charge talks to the residents daily there was no other means of formal consultation with residents to ensure they were offered opportunities for consultation and participation in the organisation of the designated centre on a regular basis.

Outcome 12

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:

Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Inspection findings

Inspectors saw, and residents confirmed, that residents were encouraged to personalise their rooms. Bedrooms were comfortable and many were personalised with residents' own furniture, pictures and photographs. Plenty of storage space was provided for clothing and belongings.

Residents stated that they were happy with the way their clothing and personal belongings were managed in the centre and generally there were no problems with clothing going missing; however, improvements in the current marking system would be beneficial as only room numbers were put on clothing with a pen and some were hard to read - if a resident moved room they could receive the wrong clothing.

5. Suitable staffing

Outcome 13

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge
Standard 27: Operational Management

Inspection findings

The person in charge is an experienced nurse and manager and has held the role of person in charge since the centre opened in 2003. She was very involved in the day-to-day management of the organisation and had a good reporting mechanism

in place to ensure that she was always fully aware and up to date in relation to each of the residents' changing needs. The nursing and care staff all report to her.

The person in charge visited and spoke to all residents on a daily basis and was knowledgeable about residents, addressing each one of them by their first name; she was able to tell inspectors detailed information about residents and residents spoke of their ability to talk to her if they had any concern.

Outcome 14

There are appropriate staff numbers and skill-mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Inspection findings

The inspectors noted that there were adequate staff numbers on the day of the inspection to meet the needs of residents. An inspector reviewed the planned and actual rotas. Residents and staff agreed that staff were available in sufficient numbers and with the appropriate skills and competencies to meet the personal and health needs of residents.

Staff understood the reporting structure and the lines of accountability were clear. The person in charge told the inspector that she was responsible for delegation of tasks and supervision of staff practice. She explained that each day the centre was divided into two areas with a staff nurse assigned to each area and the staff nurse then supervised the care delivered by the care assistants. This was confirmed by the nurses to whom the inspector spoke.

A variety of professional development training records were viewed, including mandatory training for all staff. Staff training and education records viewed by the inspector showed that staff had attended manual handling and fire training. The nursing staff had attended training on challenging behaviours, care of the older person, prevention of pressure ulcers, continence promotion, infection control cardio-pulmonary resuscitation (CPR) training and first aid. The records showed that care assistants had received Further Education Training Awards Council (FETAC) Level 5 training.

Residents spoke positively about staff and indicated that staff were generally caring, responsive to their needs, and treated them with respect and dignity.

Although inspectors saw a number of comprehensive staff files, a number of new staff members' personnel files did not have copies of three written references, or evidence of medical fitness. Evidence of medical fitness was not available in any of the staff files and these therefore did not meet the requirements of legislation.

6. Safe and suitable premises

Outcome 15

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Inspection findings

Residents' bedrooms, communal bathrooms, the laundry, kitchen, gardens, lounges and other communal areas were inspected. The centre was purpose-built and the inspectors observed that the centre was furnished and decorated to a high standard with an overall environment that was aesthetically pleasing. The high ceilings in the foyer and natural light throughout facilitated the sense of space and the overall colour scheme was calming.

Landscaped gardens and courtyards with seating were available for residents' and relatives' use.

There was appropriate assistive equipment available to meet residents' needs such as electric beds, wheelchairs, hoists, pressure-relieving mattresses and zimmer frames.

Service contracts for all equipment were up-to-date. There was a maintenance staff member for the centre and the maintenance log viewed by the inspector showed appropriate responses to requests.

The corridors were wide, allowing easy access for residents in wheelchairs and those people using walking frames or other mobility appliances, and had hand-rails throughout. Inspectors observed residents moving freely using their individual aids.

The kitchen was clean, well stocked and well managed. The chef had been working there for some time and demonstrated a good knowledge of the dietary

requirements for residents; there was also a formal written procedure so that all staff were aware of dietary requirements for residents.

Inspectors observed a good standard of cleanliness and residents reported satisfaction with the facilities provided and a general feeling of safety and security.

There were a number of bathrooms available for resident use; however, the baths available were domestic in character and therefore did not allow access for a hoist or use of other specialist equipment. This did not allow choice for residents with higher dependency to have an assisted bath.

7. Records and documentation to kept at a designated centre

Outcome 16

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

References:

Part 6: 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

Residents had daily access to national and local newspapers and residents were seen to be enjoying same.

The inspector saw that records were maintained and stored in line with best practice and legislative requirements.

Policies, procedures and guidelines availability were in line with Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended); however, the inspectors noted that they all required review, updating, referencing to best practice and the inclusion of implementation and review dates.

Outcome 17

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Inspection findings

The inspectors saw that there was a comprehensive log of all accidents and incidents that took place in the centre. However, the person in charge had failed to notify the Social Service Inspectorate of accidents and quarterly returns as required by Article 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) since early 2011. In addition, the Authority had not been notified of a resident who had been admitted with a pressure sore.

Outcome 18

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Inspection findings

There has been no change to the person in charge since the last inspection. However, suitable arrangements were in place for the nurse in charge to act up in the absence of the person in charge.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge, and 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, provider and staff during the inspection.

Report compiled by:

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

7 August 2012

Provider's response to inspection report*

Centre:	Conna Nursing Home
Centre ID:	0215
Date of inspection:	1 August 2012 and 2 August 2012
Date of response:	4 September 2012

Requirements

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

Outcome 2: Reviewing and improving the quality and safety of care

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

Audits of the service and care provided were not completed on a regular, consistent basis and used for the purposes of ongoing quality monitoring and continuous improvement.

Action required:

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

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

Action required:	
Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available and submit a copy of the reports to the Chief Inspector along with the quarterly returns.	
Reference:	
Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
We have purchased a set of audit tools and an audit on medication management is being completed at present. Other audits will be undertaken and we will provide them to the Chief Inspector along with the quarterly returns.	1 October 2012

Outcome 3: Complaints procedures

2. The provider is failing to comply with a regulatory requirement in the following respect:	
The documentation on complaints was not sufficiently robust in that it did not contain a record of any investigation undertaken, action taken, outcome of the complaint and whether or not the resident was satisfied, as is required by legislation.	
Action required:	
The nominated person must maintain a record of all complaints detailing the investigation, action taken 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:	
A new complaints register is currently with our printer and will be ready by the end of September.	30 September 2012

Outcome 4: Safeguarding and safety

<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The hairdresser and new care staff had not received elder abuse training.</p> <p>The records of residents' money and possessions handed in for safe-keeping were not sufficiently robust to protect residents or staff.</p>	
<p>Action required:</p> <p>Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.</p>	
<p>Action required:</p> <p>Put in place all reasonable measures to protect each resident from all forms of abuse including financial abuse.</p> <p>Maintain an up-to-date record of each resident's personal property that is signed by the resident.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 7: Residents' Personal Property and Possessions Standard 8: Protection Standard 9: The Resident's Finances</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Elder abuse training is scheduled for all staff and will be provided by a private college, who provide all our in house training.</p> <p>All residents are advised not to keep money on their person or in their rooms. A safe is provided for this purpose. A register is kept in the safe and two signatures are required for each transaction.</p>	<p>30 October 2012</p> <p>Completed</p>

Outcome 5: Health and safety and Risk Management

<p>4. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>1. There was not a comprehensive written emergency plan, with emergency</p>

procedures and contact numbers to cover all emergencies and where to relocate residents in the event they were unable to return to the centre.

2. There were no safety statement and hazard identification sheets in the centre throughout the inspection as they were being updated and the risk management policies and procedures required review.

3. There were a number of issues identified by the inspectors in relation to the management of infection control and the current laundry system which did not meet best practice guidelines in infection control and management:

- there was no segregation of laundry at source
- there was no use of alginate bags for infected clothing
- sluicing of clothing was taking place and this was occasionally taking place in the hand-washing sink in the laundry room
- there was inappropriate use of chemicals
- laundry staff were not trained in the management of infectious clothing and correct washing temperatures.

Action required:

Put in place an emergency plan for responding to emergencies.

Action required:

Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

Action required:

Put in place a comprehensive written risk management policy and implement this throughout the designated centre

Action required:

Put in place procedures for the prevention and control of infection in the centre that meet best practice guidelines.

Reference:

Health Act, 2007
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
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>The written emergency plan is in place.</p> <p>The safety statement is now in place addressing all these issues.</p> <p>We are sourcing a training course for all staff including the laundry assistants. In the meantime the staff have been instructed on prevention and control of infection.</p>	<p>Completed</p> <p>Completed</p> <p>31 October 2012</p>

Outcome 6: Medication management

<p>5. The provider has failed or is failing to comply with a regulatory requirement in the following respect:</p> <p>The inspectors noted a number of issues with medication management that did not meet the requirements of An Bord Altranais Guidance to Nurses and Midwives on Medication Management 2007:</p> <ul style="list-style-type: none"> ▪ there was no photographic identification on resident medication charts ▪ there was no maximum dose for PRN (as required) medications ▪ there were items besides controlled drugs in the controlled drugs cupboard ▪ there was no system for audit of medication management ▪ the inspectors observed the medication trolleys open and unattended on a number of occasions during the inspection. The nurse on occasions had to leave the drug trolley to go to answer the telephone. ▪ the medication policies and procedures required updating and needed to include a policy on PRN medications and all required implementation and review dates and to be more centre-specific in medication supply and storage.
<p>Action required:</p> <p>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.</p>
<p>Reference:</p> <p>Health Act 2007 Regulation 25: Medical Records Standard 14: Medication Management</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All residents have photographic identification on medication charts.</p> <p>The maximum dose for PRN medications has been discussed with the residents' GPs. The new policy is being devised regarding this.</p> <p>All items other than controlled drugs have been removed from the controlled drugs press. A medication management audit is being conducted.</p> <p>All nursing staff have been briefed on the importance of closing medication trollies and not leaving them unattended. A mobile phone will be carried by a nurse when doing the morning medication round.</p>	<p>Completed</p> <p>31 October 2012</p> <p>30 September 2012</p> <p>Completed</p>

Outcome 7: Health and social care needs

<p>6.The provider has failed or is failing to comply with a regulatory requirement in the following respect:</p> <p>The inspectors viewed a number of care plans and saw that although comprehensive assessments were being completed this information was not being transferred into comprehensive person-centred care plans for the residents. There was little information/nursing interventions available in the care plan to direct the care.</p> <p>Wound-care charts were available in the centre but had not been implemented for a resident with pressure sores, as the staff had not identified the resident as having pressure sores. The lack of a comprehensive assessment and treatment plan meant that there was no scientific way of measuring improvement/deterioration in his wounds.</p>
<p>Action required:</p> <p>The resident's assessed needs are to be set out in an individual person-centred care plan developed and agreed with the resident and/or their representative.</p>
<p>Action required:</p> <p>Provide a high standard of evidence-based nursing practice.</p>

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.	
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:	
Care plans are currently being reviewed and all care documented.	30 September 2012

7. The provider has failed or is failing to comply with a regulatory requirement in the following respect:	
The inspectors noted bedrails were used as restraint on a large number of residents. The inspectors saw that assessments for the use of restraint were being completed on residents. However, there was little evidence to show that alternatives to restraint had been tried and that staff were working to reduce the bedrail usage.	
Action required:	
The person in charge is to review the policy and practice and aim towards a restraint-free environment for all residents. If restraint is to be used as a last resort the centre is to follow strict best practice guidelines and maintain a record of the nature of the restraint and its duration.	
Reference:	
Health Act, 2007 Regulation 25: Medical Records Standard 21: Responding to Behaviour that is Challenging	
Please state the actions you have taken or are planning to take with time scales	Time scale
Provider's response:	
All restraints are being reviewed and all staff have been briefed on the need to reduce bedrail usage.	30 September 2012

Outcome 10: Contract for the provision of services

8. The provider is failing to comply with a regulatory requirement in the following respect:	
Contracts of care had been implemented for residents and were seen by the inspectors in residents' files. However, a number of contracts seen were not completed fully and were missing dates and signatures of residents/relatives and therefore were not a valid contract.	
Action required:	
Agree a contract with each resident within one month of admission to the designated centre.	
Reference:	
Health Act 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All contracts of care are being updated and will be completed by 30 September 2012.	30 September 2012

Outcome 11: Residents' rights, dignity and consultation

9. The provider is failing to comply with a regulatory requirement in the following respect:	
The inspectors viewed minutes of the last meeting of the residents' committee which was held in 2011; therefore no meeting had been held in 2012. Satisfaction surveys had not taken place and there were no other means of formal consultation with the residents to ensure they were offered opportunities for consultation and participation in the organisation of the designated centre on a regular basis.	
Action required:	
Put in place arrangements to facilitate residents' consultation and participation in the organisation of the designated centre.	
Reference:	
Health Act 2007 Regulation 10: Residents' Rights Dignity and Consultation Standard 2: Consultation and Participation	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Residents' meetings and relatives' meetings will take place quarterly.	Completed

Outcome 14: Suitable staffing

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

A number of new staff files did not contain all the information set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

There was no evidence of medical fitness for staff at the centre.

Action required:

Ensure that a person is not employed to be a member of staff unless:

- the person is fit to work at the designated centre
- information and documents are obtained in respect of that person as specified in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).
- the provider is satisfied on reasonable grounds as to the authenticity of the references referred to in Schedule 2 in respect of that person.

Reference:

Health Act, 2007
 Regulation 18: Recruitment
 Standard 22: Recruitment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All staff have been requested to furnish relevant documentation as specified in the Health Act 2007.	30 September 2012

Outcome 15: Safe and suitable premises

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

There were a number of bathrooms available for resident use; however, the baths available were domestic in character and therefore did not allow access for a hoist or use of other specialist equipment. This did not allow choice for residents with higher dependency to have an assisted bath.

Action required:

Provide a sufficient number of assisted baths and showers, having regard to the dependency of residents in the designated centre.

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:

An audit of bathing preferences has taken place. All residents prefer assisted showers. For those who cannot avail of this, a full bed bath will be given.

Completed

Outcome 16: Records and documentation to be kept at a designated centre

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

A number of operational policies and procedures required reviewing and updating.

Action required:

Review all the written operational policies and procedures of the designated centre on or before the recommendation review date.

Reference:

Health Act 2007
Regulation 27: Operating Policies and Procedures
Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All written operational policies and procedures are being reviewed.	31 October 2012

Outcome 17: Notification of incidents

13. The person in charge is failing to comply with a regulatory requirement in the following respect: The person in charge had failed to notify the Social Service Inspectorate of accidents and quarterly returns as required by Article 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) since early 2011; in addition the Authority had not been notified of the admission of a resident with a pressure sore.	
Action required: Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.	
Action required: Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any recurring pattern of theft or reported burglary, of any accident, of any fire, or loss of power, heating or water and of any incident where evacuation of the designated centre took place.	
Reference: Health Act, 2007 Regulation 36: Notification of incidents Standard 29: Management Systems Standard 30: Quality Assurance and Continuous Improvement Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Reports will be made quarterly.	Completed

Any comments the provider may wish to make:

Provider's response:

No response received.

Provider's name: Pat Beecher

Date: 6 September 2012