Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection Report
Designated Centres under Health Act 2007

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Carlford Nursing Home
Centre ID:	0211
	Cloughbawn
Centre address:	Clonroche
	Co Wexford
Telephone number:	053-9244366
Email address:	carlfordnursinghome@gmail.com
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Carlford Private Care Limited
Person authorised to act on behalf of the provider:	Margaret Ackerley
Person in charge:	Ann-Marie Ackerley
Date of inspection:	20 November 2012 and 21 November 2012
Time inspection took place:	**Day - 1 Start:** 09:45hrs **Completion:** 18:30hrs **Day - 2 Start:** 09:30hrs **Completion:** 16:00hrs
Lead inspector:	Noelene Dowling
Support inspector:	Gerry McDermott
Type of inspection	☐ **announced** ☒ **unannounced**
Number of residents on the date of inspection:	15
Number of vacancies on the date of inspection:	5

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 wellbeing 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 **11** 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. As part of the inspection inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. This centre was previously inspected on 14 May 2012.

The actions identified in that report were inspected for progress during this inspection along with core outcomes for monitoring inspections. The findings of this inspection indicate that of the 12 actions, comprising of 18 breaches of regulation

identified in the previous inspection report of May 2012, six actions were partially but not satisfactorily addressed and six actions had not been addressed.

The actions partially addressed were in relation to the statement of purpose, reviewing and improving the quality of care, complaints procedures, practices in relation to the use of methods of restraint, contracts for services and the residents guide. Actions not satisfactorily addressed included risk management strategies, maintenance of bathrooms, safety of the grounds, fire safety, medication management, and staff training.

Significant improvements were found to be required in relation to safe medication management practices, care planning, adequate and implemented treatment plans, fire safety procedures, and overall governance of the centre. An immediate action plan was issued to the provider in relation to unsafe medication management practices. This action plan, and the providers response is included in this report under Outcome 8 (1). A further 12 actions comprising of 26 breaches of regulation were issued to the provider. These are also outlined at the end of this report.

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:

Update the written statement of purpose to include a statement of 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).

Inspection findings

This action was partially resolved. The statement of purpose was examined and found to require some amendments to accurately reflect the service provided. Admission procedures were also found to require review in accordance with best practice and the admission criteria and procedures outlined in the statement of purpose. The inspector found that there was no agreed or comprehensive pre-admission assessment or procedure utilised to ensure the provider can provide suitable and sufficient care for the residents and congruence with the statement of purpose.

Outcome 2
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

Action(s) required from previous inspection:

Ensure that the contract of care stipulates what is included in the fee and what is outside of the fee.

Inspection findings

This action had been partially resolved. A revised contract of care had been issued, however, the precise fee charged for additional services, namely, activities and music, was not specified. The provider was also including a charge for basic laundry service in this additional fee. In addition, the fee for these items was applied to all residents regardless of whether they chose to or had the capacity to participate in the activity or not. With the exception of a visiting musician, the provider does not provide any additional personal to engage in activities with residents. The additional fee is a substantial amount of money per month. There was no evidence that residents had a choice as to whether they participated and therefore could choose to pay the full fee, elements of the fee or none of the fee.

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

There has been no change to the identity of the post holder for the role of person in charge who remains a qualified nurse. The person is fully engaged in the management and work of the centre. However, the findings of this inspection indicate that improvements are required in overall governance and overview of practices and procedures in the centre. The findings of this inspection may be influenced by the fact that the person in charge had been undertaking duties as the nurse on duty for at least two days per week for a considerable period of time which impacted on the ability to oversee practices. This was primarily due to a shortage of nursing staff.

Outcome 4
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

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

Residents' Guide

Substantial compliance ☐ Improvements required * ☒

Although the Residents' Guide had been revised in April 2012 it was not issued in the revised format to all residents.

Records in relation to residents (Schedule 3)

Substantial compliance ☐ Improvements required * ☒

Residents' records were not complete, did not in all cases contain the required information and were not maintained in a manner so as to ensure completeness.

General Records (Schedule 4)

Substantial compliance ☒ Improvements required * ☐

Operating Policies and Procedures (Schedule 5)

Substantial compliance ☐ Improvements required * ☒

The required polices were available but some of these, including the policy on abuse, and missing persons required some amendments to ensure they provider clear adequate directions for staff and management. The policy on medication management was fragmented and not dated.

Directory of Residents

Substantial compliance ☐ Improvements required * ☒

Accurate and up-to-date information was not documented in the directory of residents including the transfer of residents to acute care services.

Staffing Records

Substantial compliance ☐ Improvements required * ☒

Three written references were not available on all staff files.

Medical Records

Substantial compliance ☒ Improvements required * ☐

Theme: Safe care and support

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

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

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

Outcome 6
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors examined the policy on the prevention, detection and reporting of abuse and found that it required some amendments to accurately reflect the actions a provider or staff member should take in the event of an allegation, process for support of and protection of residents pertinent to the nature of the allegation and the personnel who may be involved. Training for staff in this matter also requires improvement. The person in charge had been facilitating this training herself by showing staff the HSE video developed as an educational aid and using the accompanying workbook. However, the person in charge had no training in this process. She informed the inspector that she intends to undertake a train-the-trainer course in 2013 in order to ensure this training is adequately undertaken.

Inspectors examined the records maintained of residents' pension monies and fee payments. The records were detailed, specific to each resident and transparent. Some monies were held by the provider at residents request for sundries. Examination of the records demonstrated that the majority of the records and amounts were found to be accurate with the exception of one account where the sums did not accurately tally. The person in charge concurred with this finding. The person in charge stated that no incidents or allegations had been reported to them.

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:

Ensure that the risk management policy covers, but is not limited to, the identification

and assessment of all risks throughout the designated centre and the precautions in place to control the risks identified.

Ensure that the risk management policy and procedure covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

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

Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

Inspection findings

A number of specific issues identified to prevent harm to residents following the inspection in May 2012 remain outstanding. These included the unguarded pipe work and radiators and adequate hygienic floor covering in the bathroom, and the safety of the garden which is unsecure and leads directly onto the car park and main road.

Inspector saw the health and safety statement and that the Health and Safety Authority (HASA) had undertaken an inspection of the premises on 5 November 2012. A number of issues were identified and the provider was in the process of responding to the action plan issued by that Authority. Training in moving and handling of residents had been updated for staff.

Overall, there were risks identified and poor adherence to compliance found in relation to safety and risk management. Inspectors found that core safety features, such as availability of hand sanitisers were not implemented. There was no adequate process for the disposal of clinical or infected waste, with several sharps containers full and stored in an unlocked linen room, the clinical waste container in the grounds had not been collected since 2011 and a clinical waste bin was easily accessible to residents as it was stored on the corridor and easily opened. Access to a generator is not included although a generator is referenced in the emergency plan, the provider informed inspectors that it is not available as it was been serviced. Flashlights available for use in an emergency were found by the inspectors not to be in working order.

Fire safety procedures were not adequate with the fire alarm records demonstrating that the alarm was last serviced in July 2011. The provider was requested by the inspector to make prompt arrangements to have the alarm serviced. Documents seen by inspectors indicate that no fire training for staff had been undertaken since July 2011 and the documents did not demonstrate that any fire drill took place in June 2012 as agreed by the provider. Fire extinguishers had, according to records been serviced in December 2012. A designated fire exit door had a key unsecured in the lock posing a risk should this key be misplaced.

The inspectors saw personal evacuation plans for residents which had not been updated since 2011 and none of the residents admitted in 2012 had been included. The daily roll-call of residents did not include the name of the most recently admitted resident. This negates the value of these documents as tools to assist staff or the emergency services to evacuate or account for all residents in the centre in the event of an emergency.

Inspectors reviewed the risk register which had not been updated since 2011. It identified a small number of risks pertinent to the resident population including the use of bedrails, and footrests on wheelchairs. The register identified a number of control measures which were not applied including the use of protective foam on footrests to prevent skin tears and regular safety checks on bedrails. While there was a detailed falls prevention policy available, falls did not result in an updated review of the falls risk assessment. These findings overall indicate that risk management is not seen as an evolving and progressive function.

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:

Ensure that references and resources are readily accessible for the nurse to confirm prescribed medication in the monitored dosage system with identifiable drug information, which should include a physical description of the medication and/or colour photograph of the medication. This is required by An Bord Altranais Guidelines on Medication Management 2007.

Inspection findings

The action required in relation to the provision of references and resource which included detailed descriptions and photographs of medication stored in the blister packs to prevent error had been resolved. However, significant improvements were required in relation to prescribing and administration practices to ensure safe and accurate management of medication.

The policy on medication management was congruent with the best practice and guidelines; however, the policy was not maintained in a cohesive manner making it difficult for nursing staff to access various sections for guidance. Practices were found to be unsafe in relation to overall medication management and administration. No photographic identification was used for resident's medication, and it was found to be removed from the blister packs and placed in unmarked medication tubs, which created a serious potential risk of error.

Prescriptions were documented on the prescription record for each resident by the general practitioners (GPs). However, of significant concern was the fact that staff were administering a specific medication to a resident, for which there was no corresponding prescription which is a very serious risk to a resident and completely contrary to An Bord Altranais agus Cnaimhseachais na hEireann guidelines and legislation.

The inspector found that previous prescriptions for this medication had been in place but these still did not correspond with the administration record available and which staff were administering to the residents which was of further concern. This was the subject of an immediate action plan to the provider.

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 10
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

Action(s) required from previous inspection:

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

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.

Inspection findings

This action had been partially resolved. Minutes of some residents meetings, facilitated by staff demonstrate that they were used to inform residents of events and take the residents views on issues such as menus and activities.

The inspector saw a range of audits, undertaken three monthly, which were based on the standard statements as outlined in the *National Quality Standards for Residential Care Setting for Older Persons in Ireland.* While this undertaking required a significant amount of work the audits were found to be lacking in detail. They did not demonstrate a comprehensive evaluation of key practices such as medication management, the use medication such as antibiotics, psychotropic medication,

nutrition, care planning, assessments or accident and incidents. Adequate collation and use of such data could have identified some of the deficits outlined in the findings of this report. Accident and incidents were not included in the audits.

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:

Accurate documentation shall be maintained of assessment, consent, the nature of the restraint, review, removal of the restraint, and opportunity for motion and exercise and all other matters as prescribed so as to comply with best practice, policy and regulatory requirements in relation to restraint.

Provide residents and their representatives with the information required to make an informed decision about any proposed medical intervention or treatment. Written consent reflects this discussion and is specific to the proposed intervention, treatment or care giving.

Inspection findings

The action required following the inspection in May 2012 had been partially but not satisfactorily resolved. Inspectors saw two different versions of assessment tools used to ascertain if residents required bedrails. However, there was no evidence of consultation or assessment of the risk associated with the use of bedrails. There was no arranged or documented check on residents with whom bedrails were used. The person in charge informed inspectors that a number of residents requested bedrails for their own safety and comfort.

There was evidence on the medical records of residents GPs attending residents regularly, regular healthcare reviews and timely access to medical care. However, a shortfall was found in attention to care planning, accuracy of documentation, the use of recognised assessment tools and subsequent interventions for residents and monitoring of care practices.

The provider used a computerised care planning and documentation management system. On the day of the inspection there was a considerable delay in accessing residents' records as the system was not functioning correctly. However staff informed the inspectors that if the internet connection is not functioning adequately the system was very slow to respond. This caused a delay in the staff being able to access information and input their care delivery record. The inspector observed this occurring.

The purpose and accuracy of the assessment tools was not apparent to the inspector. For example, mobility and safe environment care plans for two residents indicated that they could walk with assistance or with aids. Neither of these residents was in fact able to mobilise. Another resident had developed a large friction blister on one heel, and there was no documented and agreed treatment plan. The person in charge informed the inspector that the treatment plan was known to staff, however. Documentation available indicated that a pressure ulcer was not reassessed or treated for a period of 19 days despite the treatment plan requirement for weekly dressings.

A number of residents, due to their age, underlying illness and frailty were assessed as being at high risk of developing pressure sores. There were no corresponding care plan or preventative measures identified to reduce/alleviate this risk.

The inspector acknowledges that in some instances strategies were put in place, for example, the use of pressure relieving cushions and mattresses. However, general skin care regimes for personal care and prevention of skin breaks was not available. There was inconsistent monitoring of residents weights, and in one instance the resident was not weighed until one month following admission. The Malnutrition Universal Screening Tool (MUST) was not used on admission or following weight loss in some residents.

There was no evidence-based knowledge demonstrated in the management of nutrition. Inspectors observed that six residents required almost full assistance with meals and there were five residents with swallow care plans including grading of fluids. However, one resident was observed with a pureed meal and thickened drink. There was no speech and language plan for this resident and inspectors were informed that the reason for the consistency of the meal was not related to a swallow problem. However, the information provided to the inspectors was conflicting.

Inspectors were initially informed that the thickened drink did not belong to this resident, but when the inspector pursued the matter on observing staff assisting the resident to access this drink they were informed that the resident required fluid to be

thickened in this way. There was no adequate rationale offered as to why this resident required fluids to be administered in this manner. Inspectors also found that staff differed in their knowledge of the grading of thickener required for resident's fluids.

There was evidence of referral to allied health services, although the inspector was informed that the current moratorium on staff in the HSE is creating delays in accessing some services such as occupational therapy and physiotherapy.

There was no pre-admission information accessed such as medical, nursing and psychiatric information or evidence of adequate pre-admission assessment being undertaken on one resident.

Meaningful activities were limited. For example, there was music provided once weekly, staff may play bingo or undertake Sonas with residents or read a newspaper aloud. A drama group has been organised to visit and put on a play in December 2012. Over the two days of the inspection there was one hour of music and the remainder of the time there was no stimulation, in particular for those residents unable to mobilise or communicate.

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:

Maintain a record of all complaints detailing the investigation and outcome of the complaint, and whether or not the complainant was satisfied. Ensure these records are in addition to and distinct from a residents' individual care plan.

Inspection findings

The complaint log is maintained on the computerised system. Two complaints were recorded since the previous inspection and the records indicated that they were managed appropriately. The person in charge informed the inspectors that day-to-day expressions of dissatisfaction are not recorded which was the action identified on the previous inspection.

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:

Ensure that staff files meet all the criteria 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).

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

Inspection findings

This action was partially completed.

Inspectors examined personnel files for two of the most recently recruited staff and found that one file did not have the required three references. Although the second file did contain the required number of references. Current registration numbers with an Bord Altranais agus Cnáimhseachais na hEireann were available for the nursing staff. Evidence of physical and mental fitness was procured, the applicants CV was utilised and Garda Síochána vetting had been applied for but was not yet available. There was evidence that information provided was verified by the person in charge.

Rosters and interviews indicated that an induction programme was in place which included a period of supernumery time to shadow senior staff and that staff were also informed of fire safety procedures on induction.

There had been no further progress made on the annual appraisal or supervision of staff and no further training had taken place.

Training in manual handling was up to date for staff and a renewal was being arranged to include newly recruited staff. No further training had been implemented, with particular reference to the resident population since the one day training in dementia in 2011. Inspectors observed good interaction between staff and residents.

Inspectors examined the staff rosters and found that the person in charge has been required to undertake regular duties, in most instances two 12-hour duties per week as staff nurse on duty. During the annual leave of the person in charge the key senior manager was rostered as nurse on duty for three 12-hour days with no allocated time for governance factored into the roster. No other arrangements were evident.

An additional nurse had been recruited prior to the inspection bringing the total to five. Taking into account the number and dependency levels of residents the numbers and skill mix of staff is now adequate.

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:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

28 November 2012

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report *

Centre Name:	Carlford Nursing Home
Centre ID:	0211
Date of inspection:	20 November 2012 and 21 November 2012
Date of response:	17 December 2012

Requirements

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

Theme: 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 did not accurate reflect the services provided in accordance with the Health Act 2007 (Care and Welfare of Resident in Designated Centres for Older People) Regulations 2009 (as amended).

Action required:

Update the written statement of purpose to include a statement of 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) and accurately reflect the services provided.

* 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 statement of purpose and function will be updated again.	 31 January 2013

Outcome 2: Contract for the provision of services

The provider is failing to comply with a regulatory requirement in the following respect: ▪ the contract did not outline the fees to be paid for additional services such as activities and laundry ▪ residents did not have a choice in payment of this additional fee irrespective of their wish to partake of the additional services ▪ additional fees were levied for items agreed and included in the payment made by the HSE.
Action required: Ensure that the contract clearly outlines the services to be provided and the fees to be charged.
Action required: Cease the practice of charging residents fees for items which are already funded by the HSE.
Action required: Ensure that residents are provided with the freedom to exercise choice.
Reference: Health Act, 2007 Regulation 10: Residents' Rights, Dignity and Consultation Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of terms and Conditions

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The contract of care will be revised again. We do not charge for anything inclusive in the Fair Deal payment and we do not charge any residents on subvention any extras as we can include for everything in that fee. All resident's are given the freedom to exercise choice.	31 January 2013

Outcome 3: Suitable person in charge

The provider is failing to comply with a regulatory requirement in the following respect: The person in charge was not provided with adequate time to direct and oversee practices, and govern the centre.
Action required: Put a system in place to ensure that person in charge can engage fulltime in the management of the centre.
Reference: Health Act, 2007 Regulation 15: Person in Charge Standard 29: Management Systems Standard 27: Operational Management

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The person in charge likes to be in direct contact with our residents as she feels this is a good way of ensuring they receive a high standard of care. The person in charge on average spends 22 hours a week directing and overseeing practices but she will increase her supernumery hours to satisfy the Authority.	31 January 2013

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 records and policies maintained by the provider were not adequate:	
Action required: Maintain, in a safe and accessible place, a record of the medical, nursing and where appropriate, psychiatric condition in respect of each resident at the time of admission.	
Action required: Ensure that the directory of residents includes the information specified in Schedule 3 Paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.	
Action required: Make the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) available to the resident to whom the records refer and made available at all times for inspection and monitoring purposes under the Act.	
Action required: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector to ensure they are specific to the centres size, location and statement of purpose.	
Reference: Health Act, 2007 Regulation 23: Directory of Residents Regulation 25: Medical Records Regulation 27: Operating Policies and Procedures Standard 13: Healthcare Standard 29: Management System Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: 1 and 3: All information regarding resident's is maintained on our EpicCare system. Unfortunately on the day the inspectors visited EpicCare were having difficulties, which they did fix. Since the inspection we have had no problems with access to the system or internet connectivity. We will ensure that all records are complete. Records are available to individual residents as requested. 2: We will ensure that the directory of residents is up to date and	31 January 2013 Completed

all admissions to hospital etc are documented in it immediately. 4: A vast majority of policies and procedures were reviewed and dated prior to the inspection. All policies and procedures requiring review will be done during the stated time scale.	 8 February 2013

Theme: Safe care and support

Outcome 6: Safeguarding and safety

The provider is failing to comply with a regulatory requirement in the following respect: Policy and training provided on the prevention detection and reporting of abuse was not satisfactory.
Action required: Put in place an adequate policy and procedure for the prevention, detection and response to abuse.
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 8: Protection

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: The policy on abuse will be reviewed and updated to include the further information required. Training for staff will be updated.	 31 January 2013 8 January 2013

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect: Arrangements for health and safety and risk management were not adequate in the following respects:

- servicing and maintenance of fire safety equipment
- training for staff in fire safety
- evacuation plans for residents
- arrangements for power failure
- infection control systems including the removal of clinical waste and availability of sanitising equipment.

Action required:

Ensure that the risk management procedure covers the identification and assessment of risk throughout the designated centre and arrangements for the identification, recording, investigating and learning form serious or adverse events concerning residents.

Action required:

Make adequate arrangements for:

- detecting, containing and extinguishing fires
- giving warnings of fires
- the evacuation of all people in the designated centre and safe placement of residents
- the maintenance of all fire equipment
- reviewing fire precautions, and testing fire equipment, at suitable intervals.

Action required:

Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

Action required:

Make adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals.

Action required:

Provide suitable training for staff in fire prevention.

Action required:

Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

Action required:

Put in place a plan for responding to emergencies including loss of power.

Action required: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre including but not exclusive to infection control and the safety of the external grounds for residents.	
Reference: Health Act, 2007 Regulation 19: Premises 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	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response:	
The risk management folder will be reviewed and updated to include all information identified by the Authority.	31 January 2013
There has been a full service of the fire alarm, sensors and emergency lighting.	Completed
Fire safety training has been completed by all staff.	Completed
All fire equipment has been serviced and tested.	Completed
The evacuation plans for all residents will be updated and stored in a place accessible to all staff members.	31 January 2013
The last fire drill and evacuation was on 25 July 2012 and the next will be scheduled for January 2013.	31 January 2013
Plans will be put into place for responding to emergencies including loss of power.	28 January 2013
There has been a clinical waste collection and a new service provider appointed. Reasonable measure will be put into place to minimise accidents to persons within the centre and while in the grounds of the centre.	31 January 2013
The gardens do need work to ensure residents safety while outside and this will be completed within the timeframe.	July 2015

Outcome 8: Medication management (1)

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

The procedure for administration of medications within the centre was unsafe in the following respect:

- the inspector observed that staff were administering medication for which a prescription was absolutely required without a prescription and in a routine manner which was also contrary to the previous prescription available for this medication which required administration on *pro re nata* (PRN) basis.
- the medication administration record was not congruent with the previous prescription for the medication concerned.
- staff were observed administering medication in an unsafe manner.

Action required:

Immediately revise the practice and procedure in relation to the prescribing and administration of medication to ensure safety and adherence to guidelines and legislation in prescribing and administration of medication.

Action required:

Implement an immediate review of prescriptions and administration records to ensure that current prescriptions and administration of medication is as required by the prescribing practitioner for all residents.

Action required:

Forward copies and details of the outcome of this review to the Authority along with details of the proposed changes to the prescribing and administration systems and documentation to ensure this does not re-occur.

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: All of the above have been completed and copies have been forwarded to the Authority.	29 November 2012 (as instructed by the Authority)

Outcome 8: Medication management (2)

The provider is failing to comply with a regulatory requirement in the following respect: Practices in the management of unused medication were not satisfactory.	
Action required: Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out-of-date medicines and ensure staff are familiar with such procedures and policies.	
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: Response to medication management (1): Following a full review of both the GP prescription sheets and the nursing administration sheets we flagged up the same error in administration for the same person as the Authority's inspector. We will put into place a system of continuous review of both forms and this will be documented on a monthly basis. The person in charge or the deputy person in charge will perform this duty and it will be completed on the first week of every month. In future when the GP's are transcribing prescriptions, it will be double checked by the nurse on duty to ensure no mistakes have been made before they leave the premises. Also on the receipt of the monthly nursing administration sheets from the pharmacy, two nurses will ensure that all medications on the sheets are documented at the correct times and for the correct use. A document has been implemented stating that each resident's MAR sheet has been checked and is correct at the time of receipt. (2) Current policy will be reviewed and updated and staff will be asked to familiarise themselves with the policy.	(1) Completed (2) 31 January 2013

Theme: Effective care and support

Outcome 10: Reviewing and improving the quality and safety of care

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

There was not an established system in place for reviewing the quality and safety of care.

Action required:

Establish and maintain an effective 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.

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: Our system for reviewing quality and safety of care will be reviewed and the suggestions of the inspector will be taken on board during this review.	8 January 2013

Outcome 11: Health and social care needs

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

Residents health and social care needs were not adequately managed in the following respects:

- care plans were not accurate or adequately reviewed and documented
- wound care documentation did not demonstrate adherence to evidenced based treatment plans or interventions
- dietary interventions were not consistently based on a clear rationale
- recognised assessment tools including those for monitoring residents at risk of malnutrition were not consistently utilised
- activities were limited and lacked focus for the resident population

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.	
Action required: Set out each resident's needs in an individual care plan developed and agreed with the resident.	
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: Provide a high standard of evidence based nursing practice.	
Action required: Maintain records of all health care referrals and follow-up appointments.	
Action required: Provide each resident with opportunities to participate in activities appropriate to his or her interest and capacities.	
Reference: Health Act, 2007 Regulation 9: Health Care Regulation 8: Assessment and Care Plan Regulation 6: General Welfare and Protection Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 13: Healthcare	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: All care plans are being reviewed and will be updated as the need arises and no less than three monthly. Wound care documentation has been updated and will be maintained accurately by the nursing staff. The dietary interventions of the residents are based on a clear rationale and all staff are aware of this. All residents MUST screening will be updated and utilised correctly. The activities provided are based on the requests of the residents which they make in the council meetings, this will be	31 January 2013

discussed again at the next meeting and the activities adjusted accordingly.	

Theme: Person-centred care and support

Outcome 13: Complaints procedures

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

All complaints, including day-to-day expressions of dissatisfaction and the actions taken to address them were not recorded.

Action required:

Maintain a record of all complaints detailing the investigation and outcome of the complaint, and whether or not the complainant was satisfied. Ensure these records are in addition to and distinct from a residents' individual care plan.

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: We will put into place a book for recording day to day complaints.	20 December 2012

Theme: Workforce

Outcome 18: Suitable staffing

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

There was insufficient nursing staff to ensure that the person in charge or the person responsible in her absence could engage in adequate governance of the centre, taking into account the dependency levels of the residents.

Action required:

Ensure that at all times there are sufficient nursing staff employed appropriate to the assessed needs of the residents.

Action required: Ensure that staff are supervised on an appropriate basis pertinent to their role.	
Action Required: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.	
Reference: Health Act, 2007 Regulation 16: Staffing Regulation 17:Training and Staff Development Standard 23: Staffing Levels and Qualifications Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We have five staff nurses currently employed and at present this is sufficient. The person in charge ensures that there is appropriate staffing levels on duty each day and when resident numbers increase this will be immediately reviewed. All new staff are supernumary for at least two weeks and if they require further training this is facilitated. All staff files will be reviewed and recruitment procedures will be reviewed.	31 January 2013

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

Provider's response:

We found this inspection to be very difficult, nerve wrecking and stressful beyond belief by all staff on duty during the inspection. On both days the inspectors had both the nurse on duty and the person in charge tied up and the days did not flow well. Neither the PIC or nurse on duty got proper breaks on either day and the nurse on duty could not assist the care staff as she was taken off the floor by the inspector.

We are always looking to improve our care standards and practices and we will continue to liaise with the Authority to achieve this.

Provider's name: Margaret Ackerley
Date: 17 December 2012

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