

Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring - Inspection report
Designated Centres under Health Act 2007



Centre name:	Cherry Grove Nursing Home
Centre ID:	0214
Centre address:	Priesthaggard
	New Ross
	Co Wexford
Telephone number:	051-388060
Email address:	cherrygrovenh@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Thomas Cummins
Person in charge:	Thomas Cummins
Date of inspection:	24 September 2012 and 25 September 2012
Time inspection took place:	Day-1 Start: 10:50hrs Completion: 18:40hrs
	Day-2 Start: 08:05hrs Completion: 15:00hrs
Lead inspector:	John Greaney
Support inspector(s):	N/A
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	48
Number of vacancies on the date of inspection:	12

About monitoring of compliance

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

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

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

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

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

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

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

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

Residents appeared to be well cared for and their health needs were met. A number of improvements were required to comply with 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*.

Required improvements included:

- the statement of purpose
- the contracts of care
- the emergency plan
- training in the prevention and detection of elder abuse
- the risk management policy
- fire safety training and practices
- there was no centre-specific smoking policy
- training in manual handling
- medication management
- recording and notification of incidents
- reviewing the quality and safety of care
- records in relation to restraint
- call bell in communal areas
- cleaning practices
- records of complaints
- personnel records.

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 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

Outstanding action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The statement of purpose was reviewed by the inspector and found to be largely in compliance with Regulations. However, the statement of purpose stated that there were two registered nurses on duty at all times, but based on the staff roster, there was only one registered nurse on night duty.

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

Outstanding action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The contract of care was reviewed by the inspector. Each contract detailed the weekly fees payable by each resident and included a list of services and items that may be covered by the weekly fee. However, it was not clear from reading the contract what exactly each resident was entitled to from the items and services listed. The person in charge informed the inspector that each resident had different entitlements, which were determined by the Health Service Executive (HSE), and it was difficult to reflect this in individual contracts.

The person in charge informed the inspector that all residents were issued with contracts of care and they were awaiting the return of signed contracts from two recently admitted residents. However, on review of the contracts at least one resident had not attached his signature to indicate that he had agreed the contract of care.

Outcome 3

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

References:

Regulation 15: Person in Charge
 Standard 27: Operational Management

Outstanding action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge is also the registered provider and is a registered nurse with many years of experience in caring for residents in a designated centre. The inspector saw evidence that he was currently registered with the relevant professional body.

Residents and relatives spoken with by inspectors were complimentary about the person in charge and stated that he was readily accessible and responsive to any requests they may have.

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 *

Records in relation to residents (Schedule 3)

Substantial compliance

Improvements required *

General Records (Schedule 4)

Substantial compliance

Improvements required *

The statement of purpose did not accurately reflect staffing levels. The contract of care did not specify what services each individual resident was entitled to following payment of the weekly fee. There was no record of complaints that was distinct from the resident's individual care plan.

Operating Policies and Procedures (Schedule 5)

Substantial compliance

Improvements required *

Directory of Residents

Substantial compliance

Improvements required *

Staffing Records

Substantial compliance

Improvements required *

There was no evidence that staff were physically and mentally fit for the purposes of the work they were to perform at the centre. Each member of staff had signed self-declarations of fitness.

Medical Records

Substantial compliance

Improvements required *

There were inadequate records maintained in relation to the use of restraints/enablers.

Insurance Cover

Substantial compliance

Improvements required *

Outcome 5

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

Outstanding action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was no planned absence of the person in charge.

Theme: Safe care and support

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

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

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

Outcome 6

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

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Outstanding action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The centre has a policy on the prevention and detection of elder abuse and staff spoken with by the inspector appeared knowledgeable on what to do in the event of an allegation of abuse. Training records indicate that most staff members had received training on the prevention and detection of elder abuse and further training was scheduled to take place in November 2012. Residents with whom the inspector spoke said that they felt safe and would talk to the person in charge if they had any concerns.

Outcome 7

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

References:

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

Outstanding action required from previous inspection:

Ensure that adequate precautions against the risk of fire are adhered to.

Inspection findings

The centre had an emergency plan dated 1 July 2010 and signed by the person in charge. The plan detailed what to do in the event of an emergency such as loss of electricity, loss of water and loss of heat; however, it did not include arrangements for temporary accommodation for residents in the event of an emergency evacuation. The centre had a safety statement dated 1 September 2010.

The risk management policy dated 1 July 2010 included the measures to control risks such as a missing resident, assault, accidents and incidents, challenging behaviour and self-harm. However, it did not include the arrangements for identification, recording, investigation and learning from serious incidents.

The inspector viewed a fire safety register showing that fire equipment and emergency lighting was serviced annually and the fire alarm was serviced quarterly. Training records indicated that most, but not all, staff members had received annual fire safety training. The person in charge informed the inspector that fire safety training was scheduled to take place at the beginning of October 2012. The centre holds a fire drill on a monthly basis involving sounding the fire alarm and checking that fire doors close when the alarm is set off. The inspector formed the view that there was insufficient involvement of staff members in the fire drill to ensure that all staff members were adequately prepared for the emergency evacuation of residents in the event of a fire.

There were no records available to indicate what members of staff participated in the fire drills. There was no weekly sounding of the fire alarm.

There were no records of daily checks of the fire alarm panel and emergency exits; however, the person in charge had instituted these checks on the second day of inspection. There were chairs obstructing access to the fire alarm and fire extinguishers in one of the sitting rooms; the person in charge removed these obstructions during the period of inspection. During the inspection the inspector saw that a number of fire doors were being held open with a wedge, which would prevent the correct operation of these doors in the event of a fire.

There was a designated smoking room and there were three residents who smoked cigarettes in the centre on the days of inspection. The smoking room was ventilated to the outside air by natural and mechanical means. The person in charge informed the inspector that staff retained the cigarettes and lighters/matches for residents who smoked for safety purposes. The safety statement contained a section dealing with smoking; however, there was no centre-specific policy on the management of residents who smoked. There was a risk assessment contained in the care plan of one of the residents who smoked; however, it did not address the level of monitoring required to protect residents from the risks associated with smoking. The door to the smoking room was not connected electronically to the fire alarm and was held open with a wedge.

Training records indicated that most, but not all, staff had up-to-date training in manual handling and the inspector observed good practice in relation to manual handling during the inspection.

Outcome 8

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

References:

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

Outstanding action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The centre had a medication management policy dated 16 November 2009 and signed by the person in charge; however, there was no review date to indicate that the policy had been reviewed, or would be reviewed, to ensure it was compliant with current professional guidelines. The medication management policy did not deal with the return or disposal of unused or out-of-date medicines.

There was a central prescription record that contained all the information required by the Regulations such as the name and address of each resident, a photograph, date of birth, name of the resident's general practitioner (GP), and the name, dosage and route of each medication. This prescription record was signed and dated by the GP to indicate that the resident's medication was reviewed at least every three months and more frequently when required. There was a general medical services (GMS) prescription sheet that was used by the GP for ordering the resident's medication from the pharmacy. There was a medication administration record (MAR) that was usually completed by the pharmacist and contained the name and description of each medication and the time at which it was due to be administered. The MAR was used by nurses to guide medication administration and signed to indicate what medicines were administered. The inspector formed the view that the use of two prescription sheets and the MAR to guide medication administration contributes to errors in the administration of medications and was not good practice.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations 1984. These medications were counted at the time of administration and at the change of each shift. Nurses maintained a register of controlled drugs which was checked and signed by two nurses at the change of day and night shifts.

Outcome 9

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

References:

Regulation 36: Notification of incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Outstanding action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The centre submitted a quarterly report to the Authority in compliance with the regulations; however, the inspector was informed that one resident had a pressure sore and this had not been notified to the Authority within three days as required. All accidents and incidents were recorded in the care plan of the resident to which the accident or incident applied. The inspector formed the view that due to the absence of a separate log of accidents and incidents there was limited opportunity for learning to minimise the recurrence of such events.

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

Outstanding action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was documented evidence of some quality review activity, such as an audit of falls and of the medication administration practices of staff nurses. However, there was insufficient evidence to demonstrate that a robust quality review system that ensured the regular review of the quality and safety of care and the quality of life of residents had been fully implemented.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set

out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

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

Outstanding action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Medical records indicated that residents were reviewed by their GP on a regular basis and were referred for specialist medical review if required. Residents had access to allied health services such as speech and language therapy, physiotherapy and occupational therapy through the local health centre. Records also indicated that residents received chiropody and dental services as required. An out-of-hours medical service was available when required.

A sample of care plans reviewed indicated that there were arrangements in place to meet the individual assessed needs of residents. There were a range of assessments carried out on each resident on admission including pressure sore risk assessment, mini mental test, nutritional assessment, falls risk assessment and an assessment of ability to participate in meaningful activities. Re-assessments were carried out regularly.

A number of residents had tray tables on their chairs and some residents had bedrails on their beds; however, no risk assessments had been carried out in relation to the potential risks of accidental injury posed by the use of these restraints/enablers. No written records were maintained of safety checks during the period that the restraint/enabler was in place or a record of any occasion on which restraint/enabler was used, the nature of the restraint/enabler and its duration. There were also no written records to indicate that consent was obtained for the use of the restraint/enabler or that it was discussed with the resident.

Residents were facilitated to participate in a range of organised activities and a schedule of activities was made available to the inspector. Each resident had an assessment of their capacity to participate in meaningful activities completed in order to ensure that the activity programme met their individual needs.

Outcome 12

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

References:

Regulation 19: Premises
Standard 25: Physical Environment

Outstanding action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The centre appeared to be well maintained and the general standard of hygiene and decor was good. There were 41 single bedrooms, eight double bedrooms and one triple bedroom, all of which were en suite with shower, toilet and wash hand basin. Communal space comprised a main sitting room, two smaller sitting rooms adjacent to each other, a dining room, a visitor's room and an oratory. There is a small enclosed garden/patio that is accessible through one of the sitting rooms. Residents did not have access to a call bell in the main sitting room.

A colour-coded cleaning system was in place for the purpose of reducing the risk of cross-infection; however, based on answers provided to inspectors, not all cleaning staff were familiar with good practice in relation to cleaning procedures.

Maintenance records indicated that beds, hoists and chairs were recently serviced. There were two sluice rooms, each with a sluice sink, hand-washing facilities and suitable storage for bedpans. One of the sluice rooms contained a bedpan washer, however, it was leaking on the days of the inspection.

Theme: Person-centred care and support

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

Outcome 13

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

References:

Regulation 39: Complaints procedures

Standard 6: Complaints

Outstanding action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was a complaints policy dated 1 July 2010 and signed by the person in charge. A notice outlining the complaints procedure was on display beside the main entrance. Complaints are recorded in the residents' care plans under incidents, but there was no separate record of complaints or actions taken on foot of complaints distinct from the resident's individual care plan, as required by the Regulations. A sample of complaints viewed by the inspector appeared to have been responded to appropriately and to the satisfaction of the resident.

Outcome 14

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

Outstanding action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector viewed the centre's end-of-life policy. Access to palliative care services is facilitated when required. The person in charge informed the inspector that residents in multi-occupancy room are given the option of a single room at end-of-life if desired.

Outcome 15

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

References:

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

Outstanding action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Residents had access to fresh drinking water and juices, and hot drinks and snacks were available throughout the day. Residents received a varied diet and were offered choice at mealtimes. The daily menu was displayed and residents' special dietary requirements were communicated to the kitchen staff and they were catered for.

Records read by the inspector indicated that residents' weights were monitored regularly; however, when there was a large fluctuation in the weight of one resident on a number of occasions, there was no evidence that it was not acted on or that the weight was not rechecked to verify that it was accurate.

Residents who needed assistance with meals were assisted by staff using appropriate techniques in a discreet and respectful manner.

Outcome 16

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

References:

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

Outstanding action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The centre employs a full-time activities coordinator and the inspector saw a schedule of activities including arts and crafts, baking, hand massage, Sonas, music, and reminiscence therapy. Residents have access to radio and television, and newspapers are delivered daily. There is an enclosed garden that can be accessed through the sitting room.

The person in charge informed the inspector that a survey of residents and relatives was completed every six months. The most recent survey viewed by the inspector took place in January and February 2012 and the feedback was generally positive. Residents meetings are scheduled to take place monthly and are chaired by a relative of one of the residents. Based on records available to the inspector there were no meetings in May, June, July and August 2012. The person in charge informed the inspector that many of the issues raised by residents at the meetings have been addressed; however, this is not reflected in the minutes of the meetings, which are very brief and lack detail. One of the issues raised by a resident at two of the meetings was the lack of a call bell in the sitting room; however, there was no evidence in the minutes to identify a response to this issue.

Outcome 17

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

Outstanding action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Each bedroom had sufficient space for storage of personal belongings, including lockable storage for valuables items. The centre has a policy on the management of personal property and possessions and a record is maintained of residents' personal

property. The centre has a laundry facility that offers all residents the opportunity to have their clothing laundered within the centre. All clothes are labelled to support the safe return of clothes to residents.

Theme: Workforce

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

Outcome 18

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

References:

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

Outstanding action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The centre had a policy on the recruitment, selection and appointment of staff. None of a sample of personnel files reviewed contained evidence that the staff member was physically and mentally fit to work at the centre and instead each file contained a self-declaration that they were fit to do so.

The person in charge had commenced a process of staff appraisal and records indicated that most, but not all, staff had undergone the appraisal process.

Based on records viewed by the inspector all nursing staff held current registrations with the relevant professional body.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider/ person in charge and the nurse manager to report on the inspector's 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

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

8 October 2012

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report*

Centre:	Cherry Grove Nursing Home
Centre ID:	0214
Date of inspection:	24 September 2012 and 25 September 2012
Date of response:	5 November 2012

Requirements

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

Theme: 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 did not accurately reflect the level of staffing in the centre.

Action required:

Compile a statement of purpose that describes the facilities and services which are provided for residents.

* 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: We now have two staff nurses on night duty as per our staffing levels agreement with the Authority during our registration process on completion of our extension. The agreement was that we would have two staff nurses on night duty on reaching 50 residents. I have thus made no change to the statement of purpose but in the event that our numbers of residents drops below 50 again I will change this entry in the statement to reflect reduced staffing levels as per agreement.	8 October 2012

Outcome 2: Contract for the provision of services

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To agree a contract of care with each resident within one month of admission to the designated centre.</p> <p>To ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.</p>
<p>Action required:</p> <p>Agree a contract with each resident within one month of admission to the designated centre.</p>
<p>Action required:</p> <p>Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.</p>

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: The contracts of care will be reviewed for all residents to clarify what services exactly are included or are excluded.	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: To ensure that the records listed in Schedule 2, Schedule 3 and Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are in compliance with the Regulations.
Action required: Ensure that the records listed in Schedule 2 and Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are in compliance with the Regulations.
Reference: Health Act, 2007 Regulation 21: Provision of Information to Residents Regulation 22: Maintenance of Records Regulation 24: Staffing Records Regulation 25: Medical Records Standard 1: Information Standard 29: Management Systems Standard 32: Register and Residents' Records

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Henceforth all new members of staff will be requested to provide documentation from their respective GP to ascertain fitness to work.</p>	<p>1 November 2012</p>

Theme: Safe care and support

Outcome 6: Safeguarding and safety

<p>The person in charge is failing to comply with a regulatory requirement in the following respect:</p>	
<p>Not all staff members had received training on the prevention and detection of elder abuse.</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>Reference:</p> <p>Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection Standard 9: The Resident's Finances</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All staff will be updated on elder abuse training.</p>	<p>31 December 2012</p>

Outcome 7: Health and safety and risk management

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p>	
<p>To ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.</p>	

To 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.

Not all staff members had received suitable training in fire prevention.

There were no records to indicate that there were daily checks to ensure that escape routes were unobstructed and the fire alarm panel was functioning.

To take adequate precautions against the risk of fire to include a risk assessment of all residents that smoke, the suitable observation of residents while smoking, the identification and assessment of risks throughout the centre, the safe storage of residents' cigarette lighters/matches and appropriate documentation in residents' care plans.

There was no centre-specific policy outlining the management of smoking.

A number of fire doors were held open with door wedges.

Not all members of staff had received training in manual handling.

Action required:

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

Action required:

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:

Take adequate precautions against the risk of fire to include a risk assessment of all residents who smoke, the suitable observation of residents while smoking, the identification and assessment of risks throughout the centre, the safe storage of residents' cigarette lighters/matches and appropriate documentation in residents' care plans.

Action required:	
Put in place a suitable operational policy and procedure for the management of smoking in the centre.	
Action required:	
Remove all door wedges from fire doors to enable their correct operation in the event of a fire.	
Action required:	
Provide suitable training for staff on manual handling.	
Reference:	
Health Act, 2007 Regulation 31: Risk Management Procedures Regulation 32: Fire Precautions and Records Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
I will liaise with coordinator of safety statement to include arrangements for identification, recording and learning from serious/untoward incidents.	31 January 2013
I have enlisted the assistance of fire training coordinator to assist/supervise fire drills and record such drills.	31 December 2012
Risk assessments have been carried out on all residents who smoke and detail the level of supervision required. All cigarettes and lighters are held by staff and are provided at request to residents.	31 October 2012
The smoking policy and procedure for smoking will be reviewed in full.	31 December 2012
All wedges have been removed from fire doors and "doorguard" has been installed.	30 October 2012
All staff are up to date on manual handling training.	30 October 2012

Outcome 8: Medication management

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

The medication management policy did not have a review date to indicate that it had been reviewed or would be reviewed to ensure it was compliant with current professional guidelines.

To 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.

The use of two prescription sheets and the medication administration record to guide medication administration contributes to errors in the administration of medications and was not good practice.

Action required:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents, that are reviewed regularly and ensure that staff are familiar with such policies and procedures.

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.

Action required:

Ensure that there is one authoritative prescription sheet for prescribing, administering and reviewing medications.

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:
<p>Provider's response:</p> <p>The medication management policy was last reviewed on 25 May 2011 and will be reviewed to include a new addition to include the return and disposal of unused/out-of-date medications.</p> <p>I have reviewed the medication administration process and staff in future will refer to the "central prescription" record when administering medications and will record such administration on the medication administration record.</p>	<p>31 December 2012</p> <p>30 November 2012</p>

Outcome 9: Notification of incidents

<p>The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>To give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.</p> <p>To maintain a record of all incidents occurring in the designated centre.</p>
<p>Action required:</p> <p>Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident.</p>
<p>Action required:</p> <p>Maintain a record of all incidents occurring in the designated centre.</p>
<p>Reference:</p> <p>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</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>In future all incidents of serious injury will be reported to the Chief Inspector</p> <p>We have commenced the physical recording of all incidents in Cherry Grove as documented in the residents' computerised files.</p>	<p>30 October 2012</p> <p>26 September 2012</p>

Theme: Effective care and support

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

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To establish and maintain a system for reviewing and improving the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.</p>	
<p>Action required:</p> <p>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.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We carry out weekly reviews in relation to residents care but will review the system completely to encompass full audit of the care provided at Cherry Grove.</p>	<p>31 January 2013</p>

Outcome 11: Health and social care needs

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To carry out risk assessments in relation to risk posed to residents by the use of enablers/restraints and level of supervision required when restraints/enablers are in place.</p> <p>To maintain a record of safety checks for each resident while restraints/enablers are used, including the use of bedrails.</p> <p>To maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.</p>	
<p>Action required:</p> <p>Carry out risk assessments in relation to risk posed to residents by the use of enablers/restraints and the level of supervision required when restraint/enablers are in place.</p>	
<p>Action required:</p> <p>Maintain a record of safety checks for each resident while restraint is used, including the use of bedrails.</p>	
<p>Action required:</p> <p>Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.</p>	
<p>Reference:</p> <ul style="list-style-type: none">Health Act, 2007Regulation 25: Medical RecordsStandard 10: AssessmentStandard 13: HealthcareStandard 32: Register and Residents' Records	
<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>Risk assessments will be carried out on all residents in relation to the potential risks and the safety checks recorded during any such period of restraint/enabler, the duration of such restraint/enabler. Consent will be obtained for all residents in relation to restraint/enabler.</p>	<p>31 January 2013</p>

Outcome 12: Safe and suitable premises

<p>The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was no call bell for use by residents in the sitting room.</p> <p>The bedpan washer in the sluice room was out of order on the days of inspection.</p> <p>To ensure by training or other means that staff are familiar with good practice in relation to cleaning procedures.</p>	
<p>Action required:</p> <p>Provide a call bell for use by resident's in communal areas.</p>	
<p>Action required:</p> <p>Provide necessary sluicing facilities.</p>	
<p>Action required:</p> <p>Ensure by training or other means that staff members are familiar with good practice in relation to cleaning procedures.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</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>I have requested the installation of a call bell from the company that installed same.</p> <p>Bed-pan washer has been repaired.</p> <p>Household staff will be updated in relation to cleaning procedures.</p>	<p>31 January 2012</p> <p>1 November 2012</p> <p>31 January 2012</p>

Theme: Person-centred care and support

Outcome 13: Complaints procedures

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

To record all complaints and the results of any investigations into the matters complained about in a record that is in addition to and distinct from a resident's individual care plan.

Action required:

Record all complaints and the results of any investigations into the matters complained about. Ensure these records are in addition to and distinct from a resident's 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:

Complaints log is now re-instated to reflect complaints made as documented in computerised system and will detail result of such complaints.

30 October 2012

Outcome 15: Food and nutrition

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

When there was a large fluctuation in the weight of one resident on a number of occasions, there was no evidence that it was not acted on or the weight was not rechecked to verify that it was accurate.

Action required:

Implement a comprehensive policy and guidelines for the monitoring and documentation of residents' nutritional intake.

Reference: Health Act, 2007 Regulation 20: Food and nutrition Standard 19: Meals and Mealtimes	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We have in place a comprehensive policy in relation to the nutritional needs of residents (Schedule 5 procedures) and closer observation will be implemented to residents' weights as per weekly review system and this will be reported to GP in question.	30 November 2012

Outcome 16: Residents' rights, dignity and consultation

The provider is failing to comply with a regulatory requirement in the following respect: To put in place arrangements to facilitate residents' consultation and participation in the organisation of the designated centre.	
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: I will review residents meeting system. As these are not attended by me to facilitate independence of speech I can only encourage better minute recording and will arrange to obtain feedback following meeting from secretary of meeting.	30 October 2012

Theme: Workforce***Outcome 18: Suitable staffing***

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

To put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform.

Action required:

Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform.

Reference:

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

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

Timescale:

Provider's response:

All new staff recruited will be requested to provide from their GP documentation in relation to physical and mental fitness to work.

30 October 2012

Any comments the provider may wish to make:

Provider's response:

None given.

Provider's name: Thomas Cummins

Date: 5 November 2012