

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Conna Nursing Home
Centre ID:	0215
Centre address:	Conna
	Co Cork
Telephone number:	058 59876 and 058 59888
Email address:	connanursinghome@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Conna Nursing Home Partnership
Person authorised to act on behalf of the provider:	Patrick Beecher
Person in charge:	Marian Prendergast
Date of inspection:	15 January 2013 and 16 January 2013
Time inspection took place:	Day 1 - Start: 09:20hrs Completion: 18:05 hrs Day 2 - Start: 09:20hrs Completion: 18:10 hrs
Lead inspector:	Caroline Connelly
Support inspector:	Margaret O' Regan
Type of inspection	<input checked="" type="checkbox"/> announced <input type="checkbox"/> unannounced
Number of residents on the date of inspection:	49 plus one in hospital
Number of vacancies on the date of inspection:	0

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 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*.

This inspection report sets out the findings of a monitoring inspection, in which 18 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	<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 centres	<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 report sets out the findings of an announced registration renewal inspection. This was the fourth inspection of Conna Nursing Home by the Health Information and Quality Authority's Regulation Directorate. The providers had applied to renew their registration which is due to expire on 30 March 2013. This inspection took place over two days on 15 January 2013 and 16 January 2013. As part of the inspection, inspectors met with the person in charge, the provider, the nurse in charge, residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The findings of the inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The inspectors found the premises, fittings and equipment were of a high standard, were clean and well maintained and there was a good standard of décor throughout. There was appropriate use of colour and soft furnishings to create a homely environment.

The inspectors received numerous completed questionnaires prior to the inspection from residents and relatives and spoke with a number of residents and relatives throughout the inspection. The collective feedback was one of satisfaction with the service and care provided. Residents' and relatives comments are found throughout the report. Family involvement is encouraged with relatives saying they felt welcome at any time.

The person in charge was involved in the day-to-day running of the centre and was committed to providing a good standard of person-centered care to residents. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible.

Although the inspectors viewed a number of improvements throughout the inspection which are discussed throughout the report, there were a number of requirements identified on previous inspections that remained unmet despite reassurances and a response from the provider giving completion dates that had already expired. The inspectors highlighted that these issues required immediate attention as the provider and person in charge were in continued non compliance with the regulations.

These improvements and other improvements as outlined below are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The provider was required to complete an action plan to address these areas.

These improvements included:

- completing staff files
- completing contracts of care
- updating policies and procedures
- care planning required implementation
- full wound care assessments
- review staffing levels at night
- updating medication policies and procedures.

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

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

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

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

Actions required from previous inspection:

A number of contracts seen were not completed fully and were missing dates and signatures of residents/relatives and therefore were not a valid contract.

Inspection findings

In response to the previous inspection report's action plan the provider committed to have all contracts completed by end of September 2012.

However, the inspectors noted on this inspection that a number of contracts viewed had not been fully completed and two viewed did not detail the fees, as is required by legislation.

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

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge is an experienced nurse and manager and has held a managerial role since the centre opened in 2003. She was very involved in the day-to-day organisation and management of the centre and had a good reporting mechanism in place to ensure that she was always aware and up to date in relation to each of the residents' changing needs. The nursing and care staff all report to the person in charge who they say is approachable and flexible with staff. They identified her as the one with the authority, accountability and responsibility for the provision of the service.

The person in charge visited and spoke with all residents on a regular basis and relatives and residents spoke of their ability to talk to her if they had any concern or query on any aspect of care or service provision.

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 *

Operating Policies and Procedures (Schedule 5)

Substantial compliance

Improvements required *

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

Directory of Residents

Substantial compliance

Improvements required *

Staffing Records

Substantial compliance

Improvements required *

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

Medical Records

Substantial compliance

Improvements required *

Insurance Cover

Substantial compliance

Improvements required *

Outcome 5

The Chief Inspector is notified of the proposed absence of the person in charge from the designated 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

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There has been no change to the person in charge since the last inspection or any absences of the person in charge that was for duration of 28 days or more.

Arrangements were in place for the nurse in charge to cover in the absence of the person in charge and the provider said he was always around when the person in charge was on holidays. However, the inspectors recommended further clarity around the roles and responsibilities of the management team to ensure effective governance of the centre at all times and particularly in relation to the 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

Actions required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

Training records viewed by the inspector showed that staff had received updated elder abuse training on various dates in 2012. A number of staff interviewed informed the inspectors that they had viewed the Health Service Executive (HSE) DVD on elder abuse and held discussions in order to increase their awareness and understand clearly their responsibilities.

Staff were aware of what to do if an allegation of abuse was made to them and the provider and person in charge told the inspectors there was a policy of no tolerance of any form of abuse in the centre.

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

Actions required from previous inspection:

Some of the actions required from the previous inspection were satisfactorily implemented.

Outstanding actions were the provision of a comprehensive emergency plan.

Inspection findings

The fire policies and procedures were centre-specific. There were notices for residents and staff on "what to do in the event of a fire" appropriately placed throughout and staff interviewed were aware of what to do in the event of fire. Fire

training was provided to staff in October 2012. Inspectors saw records of the training and staff confirmed their attendance at same. Records of tests carried out on the extinguishers and equipment were seen and completed in April 2012. Regular fire drills took place and records were maintained of same. One of the staff nurses took responsibility of ensuring all new staff and staff on work experience, were inducted on fire safety and what to do in the event of a fire. Records were seen in relation to this.

On the last inspection, although, there was a plan of what to do in the event of a fire there was not a comprehensive written emergency plan, with emergency procedures and contact numbers to cover all emergencies and where to relocate residents in the event they were unable to return to the centre. On this inspection part of this plan was completed but it required further modification to include details of what staff should do and to ensure it was a robust procedure and emergency plan made available to all staff.

On the last inspection there were no safety statement and hazard identification sheets in the centre throughout the inspection as they were with the safety company being updated. On this inspection they were present and were found by the inspectors to be comprehensive and specific to the risks of the centre. Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency and pressure sore development.

Inspectors saw that there was a comprehensive log of all accidents and incidents that took place and the robust system of documentation was ongoing. Residents' accidents and incidents were documented in their nursing notes and the entries corresponded with the accident and incident log.

Hand sanitisers were present at the entrance to the building and throughout resident and staff areas and gloves and aprons were readily available for use.

There were a number of issues identified by the inspectors at the last inspection in relation to the management of infection control and the laundry system which did not meet best practice guidelines in infection control and management. On this inspection all the issues had been rectified and laundry was now being segregated, alginate bags were provided for infected clothing, sluicing of clothing was not taking place and laundry staff had received trained in the management of infectious clothing and correct washing temperatures.

Hand hygiene was prioritised, training provided and staff were allocated a mentor system to ensure that correct hand hygiene was being practised by all staff.

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

Actions required from previous inspection:

Most of the actions required from the previous inspection were satisfactorily implemented.

However, the medication policies and procedures required updating and needed to include a policy on *pro re nata* (PRN) medications and all required implementation and review dates and to be more centre-specific.

Inspection findings

The inspector observed a staff nurse on a medication round. The practice of checking, dispensing, and recording of the drugs administered was in line with current legislation and An Bord Altranais agus Cnáimhseachas na hEireann Guidelines on Medication Management.

The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register, in line with legislation. Nurses were checking the quantity of medications at the start of each shift.

On the previous inspection the inspectors noted a number of issues with medication management that did not meet the requirements of An Bord Altranais agus Cnáimhseachas na hEireann Guidance to Nurses and Midwives on Medication Management 2007. On this inspection a number of improvements were seen:

- there was photographic identification on resident medication charts
- there was maximum dose for PRN (as required) medications
- there were only controlled drugs in the controlled drugs cupboard
- there was a system in place for audit of medication management
- the nurses carried a mobile phone to prevent them having to leave the medication trolley to answer the phone when the people in charge or administrative staff were not present.

The medication policies and procedures continued to require updating and needed to include a policy on PRN medications and all required implementation and review dates and to be more centre-specific. This was identified on the previous inspection and remains outstanding.

A new medication fridge had been purchased and records of the recording of the temperature of this fridge were seen by inspectors.

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

Actions required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

The inspectors saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

On the previous inspection notifications were not being sent into the Authority. Following on from that inspection the person in charge had notified the regulation directorate of all incidents, and quarterly returns as required by Article 36 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Notifications that were sent in were reviewed prior to and throughout the inspection and the inspector was satisfied with the outcomes and measures that were put in place.

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

Actions required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

On the last inspection the inspectors noted that audits were not completed on a regular, consistent basis and used for the purposes of ongoing quality monitoring and continuous improvement. This had also been a requirement of the two previous inspections and the provider and person in charge were informed and agreed at the feedback meeting that this needed to be prioritised. On this inspection the inspectors saw that a number of staff had attended training on auditing in May 2012 and had commenced the implementation of the learning into practice. The person in charge had invested in an audit package and the nursing staff had commenced audits on health and safety, medication management, pressure ulcer prevention, and accidents. However, although some actions plans were completed resulting from the audits others were not and there appeared to be a lack of a clear understanding of the process to ensure comprehensive quality monitoring and continuous improvement.

Further training of staff was recommended to ensure a better understanding of the tools being used and to ensure a more robust process of quality review.

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

Outcome 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

Actions required from previous inspection:

Although comprehensive assessments were being completed, this information was not being transferred into comprehensive person-centred care plans for the residents. There was little information/nursing interventions available in the care plan to direct care.

Inspection findings

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

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

There were opportunities for residents to pursue healthy lifestyle choices and recreational activities. Health was promoted by a wholesome and varied diet and there was regular monitoring of each resident's health status. Residents received regular checks of their weight, blood pressure and pulse. Inspectors observed that residents were encouraged to maintain their independence whenever possible and many residents were seen freely walking around the building.

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

On the previous inspection the inspectors viewed a number of residents' records and saw that, although comprehensive assessments were being completed, this information was not being transferred into comprehensive person-centred care plans for the residents. There was little information/nursing interventions available in the notes to direct care. There had been a commitment at that inspection that comprehensive care plans would be implemented for all residents. On this inspection the inspectors found that this had not happened and there were still no comprehensive care plans in place to direct residents care. Prior to the end of the inspection the person in charge showed the inspector a set of care plans she

planned to implement for the residents. She was aware they needed to be personalised and adapted to residents assessed needs. The inspectors highlighted the significance of immediate implementation of the care plans.

Since the last inspection wound-care charts were now being used for all residents, although they contained detailed information there was no stage/grade of the wound identified on the charts seen by the inspectors. There appeared to be a lack of understanding by nursing staff in relation to stages/grades of wounds when questioned by the inspectors. The inspectors also noted that there was little resource information to assist and to direct wound care to ensure residents receive care in accordance with contemporary evidenced-based practice.

On the last inspection bedrails were being used for a very large number of residents in the centre, a small number of whom had requested them for their comfort. On this inspection this number had been substantially reduced following comprehensive assessment and staff were working towards further reduction. There were a number of residents being restrained by lap belts and other restraints during the day. The inspectors saw that assessments for the use of restraint were being completed on residents. However, there was little evidence to show that alternatives to restraint types had been tried and the least restrictive type of restraint used and for the shortest duration possible. The whole policy and practice around restraint usage continues to require review and the centre needs to continue working towards a restraint-free environment.

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

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

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

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

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

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

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

The kitchen was clean, well stocked and well managed. The chef had been working there for some time and demonstrated a good knowledge of the dietary requirements for residents; there was also a formal written procedure so that all staff were aware of dietary requirements for residents.

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

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

Actions required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

On the previous inspection the complaint log was viewed by the inspectors but the documentation for a number of complaints was not sufficiently robust in that it did not contain a record of any investigation and outcome of the complaint and whether or not the resident was satisfied, as is required by legislation. This had

been rectified on this inspection with the provision of a new complaints log which included all the required details to meet legislative requirements.

There was a current written complaints policy available for residents and their relatives and the complaints process was outlined in the Residents' Guide and the contract of care, but it required minor alteration to clarify the complaint officers' role and that of the appeals person nominated. This was completed by the person in charge prior to the completion of the inspection.

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

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

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

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

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

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 discreet and sensitive manner.

References:

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

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

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

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

Tables were set in an attractive manner with place settings and flower centre pieces. There was good communication between nursing and the catering staff about special dietary needs. The catering staff knew the residents' likes and dislikes and special diets which were documented in the kitchen. The choice, quality and presentation of meals were of a very good standard. The inspectors who sampled the food confirmed that. Residents confirmed that mealtimes were an enjoyable relaxed social event with many residents remaining at the table after their meal to chat and socialise.

Residents who required assistance with eating and drinking were given that assistance in a sensitive and discrete manner.

A staff member supervising in the dining room ensured all residents received the correct meal and ensured the dining experience was a positive one for all. Residents who chose to have their meals in their rooms were facilitated to do so.

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

Actions required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

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

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

Residents described the social and recreational programme to the inspectors. A weekly list of activities was on display and staff told residents about events taking place. On the days of inspection there were lively music sessions with musicians playing and a large number of residents and relatives joining in. There was also an art therapist providing art therapy for a small group of residents.

Residents and relatives were complimentary about the activities and told inspectors about the range of activities over the Christmas period including pantomime, parties and choirs.

Residents who did not wish to participate in particular activities were reading and having a chat amongst themselves.

At the last inspection there was a residents' committee in place. However, the person in charge told the inspectors that meetings were only scheduled six-monthly, despite information provided in previous action plans which stated they would be held more frequently. On this inspection the inspectors viewed the minutes of the last meetings which were held in November 2012 and a further one held in January 2013; the inspectors were satisfied that meetings were being held more frequently and that residents were offered opportunities for consultation and participation in the organisation of the designated centre on a regular basis.

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

Actions required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

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

Residents and relatives stated that they were happy with the way their clothing and personal belongings were managed in the centre and generally there were no problems with clothing going missing.

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

Actions required from previous inspection:

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

Inspection findings

The inspectors noted that there were adequate staff numbers on the day of the inspection to meet the needs of residents. A number of relatives felt that the staffing levels at night time were not adequate to meet the needs of the residents. The inspector reviewed the planned and actual rotas. There was only one nurse and two care staff from 22:00hrs to 08:00hrs to meet the needs of 50 residents taking into account the increasing dependencies of the residents and that the centre is over three wings.

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

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

On the last inspection evidence of medical fitness was not available in any of the staff files and these therefore did not meet the requirements of legislation. On this inspection evidence of medical fitness had been obtained for the majority of the staff. Other items were also missing on the previous inspections. Although inspectors saw a number of comprehensive staff files, a number of new staff members' personnel files did not have evidence of a full employment history (CV) or evidence of medical fitness. One staff file seen did not have evidence of Garda vetting. The staff files that were missing information did not meet the requirements of legislation.

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 in charge to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Caroline Connelly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

22 January 2013

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report *

Centre Name:	Conna Nursing Home
Centre ID:	0215
Date of inspection:	15 January 2013 and 16 January 2013
Date of response:	11 February 2013

Requirements

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

Theme: Governance, Leadership and Management

Outcome 2: Contract for the provision of services

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

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

Action required:

Agree a contract with each resident within one month of admission to the designated centre which should include the fee to be charged.

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

Reference: Health Act 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All contracts are being reviewed currently and will be completed by 24 February 2013.	24 February 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: A number of operational policies and procedures required reviewing and updating.	
Action required: Review all the written operational policies and procedures of the designated centre on or before the recommendation review date.	
Reference: Health Act 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Policies and procedures are being reviewed currently.	28 February 2013

Outcome 8: Medication management

The provider has failed or is failing to comply with a regulatory requirement in the following respect: The medication policies and procedures required updating and needed to include a policy on PRN medications and all required implementation and review dates and to be more centre-specific in medication supply and storage to meet the requirements of An Bord Altranais agus Cnáimhseachas na hEireann Guidance to Nurses and Midwives on Medication Management 2007.

Action required:	
Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.	
Reference:	
Health Act 2007 Regulation 25: Medical Records Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Policies are being updated and the PRN medications will be included in the policy on medication management	24 February 2013

Theme: Effective care and support

Outcome 11: Health and social care needs

The provider has failed or is failing to comply with a regulatory requirement in the following respect:
As per the last inspection comprehensive assessments were being completed but this information was not being transferred into comprehensive person-centred care plans for the residents. There was little information/nursing interventions available in the nursing record to direct the care.
Wound-care charts were available in the centre but had not been fully completed to include the staging/grading of the wound and resource information was not available to ensure staff provided care in accordance with evidenced based nursing.
Action required:
The resident's assessed needs are to be set out in an individual person-centred care plan developed and agreed with the resident and/or their representative.
Action required:
Provide a high standard of evidence-based nursing practice.
Action required:
Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Reference: Health Act 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Care plans are currently being completed and training took place for the nursing staff on 31 January 2013.	1 March 2013

Outcome 16: Residents' rights, dignity and consultation

The provider has failed or is failing to comply with a regulatory requirement in the following respect: The inspectors saw that assessments for the use of restraint were being completed on residents. However, there was little evidence to show that alternatives to restraint had been tried and that least restrictive forms of restraint were being used during the day.	
Action required: The person in charge is to review the policy and practice and aim towards a restraint-free environment for all residents. If restraint is to be used as a last resort the centre is to follow strict best practice guidelines and maintain a record of the nature of the restraint and its duration.	
Reference: Health Act, 2007 Regulation 25: Medical Records Standard 21: Responding to Behaviour that is Challenging	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All resident's needs are being assessed and the aim is to provide a restraint free environment. Staff are following best practice guidelines.	1 April 2013

Outcome 18: Suitable staffing

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

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

Action required:

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

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

Reference:

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

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

Timescale:

Provider's response:

One new member of staff is awaiting Garda Síochána Vetting. All other files to be completed by 1 March 2013

1 March 2013

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

Staffing levels at night time required review to ensure the skill mix is appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Action required:

Ensure staffing levels and skill mix is appropriate to the assessed needs of the residents and the size and layout of the designated centre.

Reference: Health Act, 2007 Regulation 16: Staffing Standard 23: Staffing Levels and Qualifications	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Night time staffing levels are being currently reviewed.	1 March 2013

Any comments the provider may wish to make¹:

Provider's response:

None given.

Provider's name: Pat Beecher

Date: 11 February 2013

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