

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Cedar House Nursing Home
Centre ID:	ORG-0000023
Centre address:	35 Mount Anville Park, Goatstown, Dublin 14.
Telephone number:	01 2831024
Email address:	cedarhouseadministration@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cedar House Nursing Home Limited
Provider Nominee:	James Bergin
Person in charge:	Sheila Dillon
Lead inspector:	Gary Kiernan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	18
Number of vacancies on the date of inspection:	6

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 his/her 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
- to carry out thematic inspections in respect of specific outcomes
- 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 September 2013 09:30 To: 24 September 2013 18:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

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.

Overall the inspector found that there continued to be a good level of compliance 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. Areas for improvement were identified in fire safety management, the provision of training on the prevention and detection of elder abuse and the management of residents' nutritional needs. Other areas for improvement were identified in the

statement of purpose and the contracts of care issued to residents.

The inspector reviewed questionnaires returned by residents and relatives, all of which expressed a high level of satisfaction with the service provided.

The healthcare needs of residents were supported by a high standard of nursing care and there was good access to general practitioner (GP) services and to a range of other allied health professionals. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

There were systems in place to identify and manage risk although the risk management policy did not provide adequate guidance to staff. Residents in the centre felt safe and staff members respected the privacy and dignity of residents.

The physical environment met the needs of the residents and was maintained to a high standard.

The dining experience was well managed and the food provided was varied and offered choice. Staff numbers and skill mix were appropriate to meet the needs of residents.

These matters are discussed further in the report and in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The statement of purpose did not meet with the requirements of the Regulations.

The inspector read the statement of purpose and found that while it accurately described some aspects of the service provided, a number of matters had not been addressed. For example, the type of nursing care provided, the admissions procedure and the fire precautions were not described in accordance with the requirements of the Regulations. Accurate details relating to the provider had also been omitted.

Outcome 02: Contract for the Provision of Services

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.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Some improvements were required in the contracts of care which were issued to residents.

The inspector read a sample of completed contracts and saw that they had been agreed and signed by the resident within the legislative timeframe following admission. The weekly fee payable by the resident was clearly stated. However, the fees for additional services, for which the resident was liable, were not included.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The arrangements for the post of person in charge met the requirements of the Regulations.

The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She demonstrated a satisfactory knowledge of her role and responsibilities as outlined in the Regulations and also demonstrated a commitment to continually improving the centre. Residents, relatives and staff spoke highly of the person in charge. The person in charge held a post graduate masters degree in gerontological nursing and maintained her continued professional development through attending short clinical courses in areas such as dementia.

Adequate deputising arrangements were in place as provided by the senior staff nurse who worked full time in the centre. The senior staff nurse was present throughout the inspection and also demonstrated a clear understanding of her roles and responsibilities as outlined in the Regulations.

Outcome 04: Records and documentation to be kept at a designated centre

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).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to maintain complete and accurate records, however some operational policies were not satisfactory.

Written operational policies were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. However, the inspector noted that in the case of the nutrition policy and the complaints policy, sufficient detail was not provided in order to guide practice.

The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. Appropriate insurance cover was in place with regard to accidents and incidents and residents personal property. The inspector also reviewed the Residents' Guide and found that it had been drawn up in line with the requirements of the Regulations.

Outcome 05: Absence of the person in charge

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.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

Outcome 06: Safeguarding and Safety

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.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that while measures were in place to protect residents improvements were required with regard to staff knowledge and training.

A policy relating to elder abuse and whistle-blowing was in place. The policy was comprehensive and provided sufficient detail in order to guide staff on the steps to follow in the event of an allegation of abuse. The person in charge demonstrated knowledge and understanding of this policy and outlined the appropriate steps to take in the event that any allegation of abuse was made. The senior staff nurse who deputised for the person in charge was also knowledgeable in this area.

The majority of staff members, spoken with by the inspector, were knowledgeable with regard to their responsibilities in this area. However, some staff members were not familiar with the policy and did not have sufficient knowledge regarding the prevention and identification of all forms of elder abuse. The inspector found that systems were not in place to ensure that staff had appropriate knowledge in this area. The most recent training which had taken place was in 2011.

All residents spoken with said that they felt safe and secure in the centre. Residents stated that they attributed this to the staff who they stated were caring and trustworthy.

The inspector reviewed the systems in place for safeguarding residents' money and found evidence of good practice. A locked safe was provided and appropriate documentation was maintained for all transactions.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that while procedures were in place to promote the health and safety of residents, staff and visitors some improvement was required with regard to fire safety and the risk management policy.

The inspector reviewed fire safety procedures and associated records. Fire orders were prominently displayed. Fire exits were unobstructed and staff members, spoken with by the inspector, were knowledgeable with regard to the procedures to follow in the event of fire. However, a significant number of the staff members did not have up-to-date refresher training in fire safety in accordance with the centre's requirement for annual training. While there was evidence that fire drills had taken place, the records did not demonstrate that fire drills were taking place at a minimum of six monthly intervals. The inspector also reviewed the records with regard to servicing of equipment. The records showed that there was regular servicing of the fire detection and alarm system, emergency lighting and fire fighting equipment.

The risk management policy was not satisfactory. The policy did not describe the procedures which were in place for the identification and management of the risk in the centre. Similarly the risks specified in the Regulations were not addressed, although some of these such as the risk of a resident wandering were addressed in other separate policies.

The administrator, who was also the person nominated on behalf of the provider, carried out monthly health and safety audits, however, no record of these checks was maintained. A record of a recent health and safety audit, carried out by an external consultant, was available and showed that where risks had been identified they were promptly addressed. The person in charge and the administrator said that they met on a daily basis and discussed any health and safety issues as they arose. The person in charge stated that health and safety issues were discussed at the daily hand over or at staff meetings. However, the minutes of staff meetings did not indicate that issues relating to health and safety were routinely discussed. The inspector found that on the day of inspection grabrails were provided, there was safe flooring, appropriate infection control procedures were in place and equipment was appropriately stored.

There was a safety statement in place which had been reviewed and updated in September 2013. There was also a centre-specific risk register which recorded the identified risks for the centre and the associated control measures. The risk register addressed all internal and external areas and was subject to regular review.

Systems were in place for the recording and learning from accidents, incidents and near misses. The records detailed the action taken and the treatment given where this was required. Neurological observations were carried out in the event of any un-witnessed fall or possible injury to the head. The person in charge stated that all accidents and incidents were discussed with the administrator and with the staff in order to identify preventative measures and promote safety awareness. The person in charge stated that

she planned to amend the current accident and incident form in order to improve the recording of learning outcomes and consultation with staff following accidents and incidents.

The inspector noted that there had been an increase in the incidence of falls in the three months prior to the inspection. However, although the number of falls was relatively high, there was a low number of injuries as a result. The person in charge was monitoring these events closely and there was an emphasis on balancing risk reduction measures while maintaining the independence of the resident. Each resident's falls risk was routinely assessed and risk reduction measures such as low beds, sensor alarms, and hip protectors were provided as appropriate. The inspector reviewed the records of residents who had repeated falls and found that appropriate care plans were in place and post fall assessments had been carried out after each fall in order to identify any further appropriate interventions for the residents. The inspector spoke with the staff concerning falls and found that they were very knowledgeable about those residents who were at an increased risk and required increased supervision.

No resident was a smoker at the time of inspection. Smoking was not permitted inside the building. The person in charge was knowledgeable about the precautions to put in place in the event that a smoker was admitted.

The centre had an emergency plan in place which provided information to guide staff on the procedures to follow in the event of an emergency such as loss of heat, water supply or power. The plan also provided guidance with regard to the evacuation of the centre, alternative accommodation and transport.

The training matrix showed that staff had up-to-date training in moving and handling. Residents' moving and handling assessments were routinely assessed and instructions for assisting residents to mobilise were available in the care planning documentation which was readily accessible to the appropriate staff.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that policies and processes were in place for the safe management of medications.

There was a centre-specific medication management policy in place which gave detailed guidance to staff. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance with the centre's policies and professional guidelines.

Medications were stored appropriately. Staff had received training and regular audits were conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. Written evidence was available which showed that three-monthly reviews were carried out and this process involved the pharmacist as well as the GP and the nursing staff.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines and the centre's policy. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the time of administration and change of each shift. The inspector checked the balances and found them to be correct.

Outcome 09: Notification of Incidents

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

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

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

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge had systems in place to monitor and review the quality and safety of care on an ongoing basis.

There was a computerised system of record management and care planning and the person in charge used this system to gather and review information relating to areas of risk such as nutritional status and falls. Due to the small size of the centre the person in charge was very knowledgeable about each resident's healthcare needs and she was made aware of any significant changes in their condition as they occurred.

Audits were carried out with a view to improving outcomes for residents. To date a number of audits had been carried out in areas such as medication, care planning and falls. In general a high standard of compliance was noted and where issues were noted prompt corrective action was taken. For example, the health and safety audit identified an issue with lighting which the inspector saw had been addressed. In response to the falls audit the person in charge stated that she had identified the need for increased supervision in the evenings. The inspector was informed that this matter had been addressed and the roster showed that an additional staff member was scheduled to be on duty commencing the week after the inspection.

Outcome 11: Health and Social Care Needs

Each residents 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 residents 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.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care, however, some ongoing improvement was required in the area of nutrition.

Arrangements to meet each resident's assessed needs were set out in individual care plans with evidence of resident or relative involvement at development and review.

The inspector reviewed the records of a number of residents who had experienced weight loss. There was evidence of regular weight monitoring and nutritional screening assessments were carried out for all residents. Residents who experienced weight loss were reviewed by the GP where appropriate. However, the inspector noted that prompt action was not taken and all options for managing weight loss were not considered. The person in charge stated that food fortification was used to address weight loss, however, the inspector found that foods had not been fortified for the residents identified as being at risk and the chef was unaware of any instruction to fortify foods for residents. The person in charge stated that she organised dietetic review for those residents who experienced weight loss. However, the inspector found that this had not been organised for a resident who had experienced significant weight loss. The inspector found that as a result, all appropriate interventions such as food fortification and supplements had not been considered. The inspector found that the food and nutrition policy was not satisfactory and did not provide sufficient detail to guide staff in a number of areas such as screening and appropriate interventions for residents at risk of poor nutrition.

The previous inspection also found that improvements were required in the management of restraint. This inspector found that this matter had been addressed. There were a small number of bedrails in use. The inspector saw that a comprehensive restraint assessment was carried out prior to a decision to use restraint. This assessment was carried out in consultation with the resident, the nursing staff and the GP and demonstrated that alternatives to restraint were considered in line with national guidelines on restraint.

The inspector reviewed the management of other clinical issues such as wound care and dementia care including the management of behaviours that challenge and found they were well managed and guided by satisfactory policies.

Each resident has opportunities to participate in meaningful activities and the activity programme was based on residents' assessed interests and capabilities.

Outcome 12: Safe and Suitable Premises

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.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that the layout and design of the physical environment met the needs of the residents to a high standard. The building is a purpose-built, single storey structure.

The bedroom accommodation comprised 22 single bedrooms and one twin bedroom. Ten of the single bedrooms had full en suite facilities comprising toilet, wash-hand basin and shower, while the remaining bedrooms had an en suite with toilet and wash-hand basin. A sufficient number of additional assisted bathrooms were also provided and a choice of bath or shower was available. The inspector visited a number of bedrooms and found that they provided sufficient space and were clean and well maintained. Bedrooms were well decorated and had been personalised with residents' possessions such as family pictures. There was a functioning call bell system in place and call bells were within easy reach of residents.

There was suitable and sufficient communal space for residents which included two sitting rooms, a library and two conservatory areas. The dining room was spacious and well organised in order to allow all residents to dine together. A sufficient number of assisted toilets were located close to the communal rooms. Grabrails and handrails were provided in all communal areas.

A safe and secure patio garden was available and was directly accessible to residents. Garden furniture was provided and a number of residents stated that they enjoyed sitting in this area.

Appropriate assistive equipment was provided to meet residents' needs such as hoists, seating, specialised beds and mattresses. The inspector viewed the servicing records and maintenance records for equipment and found they were up-to-date. Appropriate arrangements were in place for the disposal of clinical waste and a separate, locked clinical waste bin was provided. A sluice room, containing bed pan washer, sluice sink and wash-hand basin was provided on each floor.

A high standard of hygiene and cleanliness was noted. Cleaning staff were working in an unobtrusive manner which did not disturb residents. Cleaning equipment was appropriately stored. The inspector spoke with cleaning staff and found that they were knowledgeable in relation to infection control and they described appropriate procedures such as the colour-coding of cloths and mops and safe procedures for cleaning in the event of an outbreak of infection.

Separate changing facilities were provided for all staff. Staff spoken to said they were happy with the facilities provided.

Outcome 13: Complaints procedures

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence of good practice in the area of complaints management, however, improvements in the documentation were required.

As highlighted under Outcome 4 the inspector noted that the complaints policy did not accurately reflect the procedure for handling complaints in the centre. The procedure for complaints was displayed in the entrance hall and it identified the person in charge as the complaints officer. Complainants who were not satisfied with the initial response to their complaint were directed to an independent person who was responsible for reviewing appeals.

The person in charge and her deputy demonstrated a positive attitude towards complaints. The complaints log was read and the inspector found evidence of good complaints management, including a record of the complainant's level of satisfaction with the outcome of a complaint investigation. Residents and relatives said that they felt comfortable making a complaint and stated that all feedback was welcomed by the person in charge.

Outcome 14: End of Life Care

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found evidence of good practice in this area. There was a policy on end-of-life care which was centre-specific. No resident was receiving end-of-life care at the time of inspection. The inspector reviewed a number of residents' records and saw that residents' wishes and preferences with regard to end of life care were recorded. The inspector spoke with the chaplain who worked full time in the centre and who provided spiritual and social support to residents at this time of life. The person in charge stated that the centre maintained strong links with the local palliative care team and staff were familiar with how to initiate contact with this service. Residents at this stage of life were cared for in single rooms and an apartment was available should family members wish to stay overnight if necessary.

While no recent training in end of life had taken place the person in charge stated that she had identified this as an area she wanted to develop. The nursing staff stated that the residents had access to a priest or other religious ministers as required.

Outcome 15: Food and Nutrition

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents received a varied and nutritious diet that offered choice.

The inspector observed the main meal and spoke with residents and found that it was a well organised social experience with sufficient staff to assist residents. Residents expressed a high level of satisfaction with the food choices, the quality of the food and timings of the meals. The food provided was varied, hot and attractively presented. A menu was displayed on each table showing the choices available and individual preferences were readily accommodated. The person in charge together with the nursing staff monitored the meal times closely. Second helpings were offered. Residents who required assistance received this in a sensitive and appropriate manner.

Drinks and snacks were readily available and residents and their visitors were free to access these.

The inspector visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food. The inspector spoke with the chef and found that he was very knowledgeable about individual resident's preferences and he sought feedback from the residents after the main meal. The inspector found that there was good communication between the nursing and catering staff regarding residents' food preferences and special diets such as diabetic diets. An area for improvement was identified with regard to the management of weight loss and fortification of foods and this is discussed above under Outcome 11.

Outcome 16: Residents Rights, Dignity and Consultation

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence that staff respected the resident's privacy and dignity and residents were consulted with regard to the operation of the centre.

Staff members were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents could attend daily mass in the oratory and the centre's chaplain was available to the residents. Residents of other religious denominations were supported to practice their beliefs and the centre's chaplain administered to residents of all faiths and none.

Weekly residents' meetings were held and were facilitated by the chaplain who acted as an advocate for the residents. Minutes for each of these meetings were recorded. The inspector saw that where issues were raised action was taken to address these matters. For example, residents had made suggestions with regard to the menu and the residents stated to the inspector that this matter had been acted upon to their satisfaction.

The person in charge had made arrangements for residents to vote in local and national elections. The person in charge ensured that residents were registered to vote, where they wished to do so and she was making plans to facilitate residents to vote in-house

or to go out to vote in the up-coming referendum.

Residents were encouraged to maintain links with the local community. Residents stated that their visitors were made feel welcome at any time. Many relatives and friends joined the residents to attend mass on a daily basis. Students from the neighbouring school visited regularly and a number of the religious sisters from the neighbouring convent visited on a daily basis to visit or dine with the residents. Residents had access to news papers and television was provided in each bedroom. Internet access was provided as well as a well stocked library which residents stated they appreciated a lot.

Outcome 17: Residents clothing and personal property and possessions

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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that adequate provision had been made for the management of residents' personal possessions.

There was sufficient storage space for residents in their bedrooms which comprised large built-in wardrobes and bedside locker as a minimum. Additional storage space was provided on request and all residents had access to lockable storage in their rooms. Residents and relatives stated that there was adequate personal storage space.

The inspector visited the laundry and found that it was well organised and industrial sized machines were provided. There was sufficient space to facilitate good infection control and clean and soiled laundry was handled and stored separately. Clothing was discretely labelled in order to minimise the potential for lost clothing. Residents and relatives stated that they were satisfied with the laundry service provided.

Outcome 18: Suitable Staffing

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.

Theme:

Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found that practice in relation to the recruitment of staff and the level of staffing and skill mix was satisfactory.

Nursing cover was provided 24 hours each day. The person in charge stated that she based her staffing numbers on the assessed dependencies of the residents. One nurse and four health care assistants were providing care on the morning of inspection. This reduced to one nurse and one health care assistant during the night shift. As outlined under outcome ten the person in charge had identified the need for additional supervision in the evenings and the inspector saw that arrangements had been made to provide an additional member of staff between 4pm and midnight each day.

There was a comprehensive written operational staff recruitment policy in place. The previous inspection highlighted deficiencies in the maintenance of required documentation on staff files. The inspector found that an audit of staff files had been carried out and this matter had been addressed. A sample of staff files was reviewed and the inspector noted that the required documentation was in place in line with the requirements of Schedule 2 of the Regulations. The inspector requested the an Bord Altranais agus Cnáimhseachais na hÉireann registration numbers for all nursing staff and found that all were in place.

Staff were encouraged to maintain their continued professional development. A training schedule was in place and staff stated they were encouraged to attend courses. Staff appraisals were carried out on a regular basis and used to identify training needs. The records showed that a range of training had been recently provided for staff in leadership and management, dementia and cardio pulmonary resuscitation (CPR) training.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Gary Kiernan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Cedar House Nursing Home
Centre ID:	ORG-0000023
Date of inspection:	24/09/2013
Date of response:	17/10/2013

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 01: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not meet the requirements of the Regulations

Action Required:

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

Revised Statement of Purpose completed.

Proposed Timescale: 23/10/2013

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

Outcome 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

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

The contracts of care did not adequately describe all fees for which the resident was liable.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents 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.

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

Revised Contract of Care is completed.

Proposed Timescale: 23/10/2013

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

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

The nutrition policy and the complaints policy did not contain sufficient detail in order to guide staff.

Action Required:

Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

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

The Nutrition Policy will be reviewed. Complaints Policy has been updated and is included in the revised Statement of Purpose.

Proposed Timescale: 13/12/2013

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A number of staff had not been provided with up-to-date training in the prevention and detection of elder abuse.

Action Required:

Under Regulation 6 (2) (a) you are required to: 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.

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

Training in the prevention and detection of elder abuse will be carried out on a phased basis in conjunction with our external training providers. All staff will receive training over the next six months.

Proposed Timescale: 30/04/2014

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

The risk management policy did not describe the procedures for the identification and management of risk in the centre.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

This policy is under review in conjunction with our external provider.

Proposed Timescale: 31/01/2014

Theme: Safe Care and Support

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

The risk management policy did not address all the risks specified in the Regulations

Action Required:

Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

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

This policy is under review in conjunction with our external provider.

Proposed Timescale: 31/01/2014

Theme: Safe Care and Support

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

A number of staff members had not attended up-to-date training in fire safety.

Action Required:

Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

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

In future training dates will ensure that all staff will be facilitated to attend one session per year. The staff who did not attend the 2013 date will attend a separate training session. The timescale is to facilitate holding an early evening session in order to accommodate both day staff and night staff.

Proposed Timescale: 31/03/2014

Theme: Safe Care and Support

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

Fire drills were not carried out at the appropriate frequency.

Action Required:

Under Regulation 32 (1) (e) you are required 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.

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

Fire drills will take place every six months.

Proposed Timescale: 31/01/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

Ongoing improvements were required in the management of nutrition.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

Education in the assessment and management of nutrition will be provided to all RGNs. This will be carried over two training sessions by our external provider.

Proposed Timescale: 31/03/2014