

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	College View Nursing Home
Centre ID:	ORG-0000128
Centre address:	Clones Road, Cavan, Co. Cavan
Telephone number:	049 437 2929
Email address:	collegeviewnursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	College View Limited
Provider Nominee:	Thérèse McGarvey
Person in charge:	Martina Jameson
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	69
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 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 October 2013 10:30 To: 08 October 2013 15:00

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

Outcome 13: Complaints procedures
Outcome 01: Statement of Purpose
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 07: Health and Safety and Risk Management
Outcome 11: Health and Social Care Needs

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over one day. The inspector met with residents, person in charge and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, some policies and procedures and staff files.

This was the seventh inspection of College View Nursing Home by the Authority and was initiated for the purposes of monitoring ongoing 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 and further to information received in the form of a notification.

The centre was noted to be clean and appropriately warm. Some residents were sitting in communal areas although many were in their rooms. All were observed to be appropriately dressed with attention to detail reflected in clothing which was clean, pressed and colour coordinated. Appropriate personal care delivery in respect of residents hair, nails and general appearance was found. Social engagement was encouraged with residents involved in group activities such as puzzle solving, draughts and others reading newspapers or listening to radio talk shows. Evidence was found of a high level of involvement in the local community with pictures of open days reflecting the rural lifestyle with a market fair theme held during the summer and 1st and 2nd prizes recently won for arts and crafts at a local show.

Previous inspections identified that improvements in practice were required, to comply with the Regulations. These included risk management specifically fire safety,

complaints management, care planning and statement of purpose. All actions previously identified were found to be addressed with the exception of one which is outlined in the action plan attached to this report

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

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:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Further to the last inspection the Authority received information in the form of a notification from the provider in relation to allegations of missing money from two residents. The Authority subsequently requested and received additional detail on the incident. From the information previously provided and on review of the complaints record it was noted that an investigation process into the allegations was initiated which included clarification on dates and sums involved, searches of environment in specific areas such as bedrooms and laundry, staff interviews, CCTV reviewed and an Garda Síochána and next of kin were informed. An Garda Síochána took statements from relevant parties.

On review of the complaints record it was found that since the initial entry in April last, two further updates had been recorded. One dated 3 October 2013 stated there had been no further contact from the Gardai. A subsequent entry on 7 October 2013 detailed a phone call from the investigative officer in an Garda Síochána who was due to call to give an update on the investigation on the day of inspection. Although the inspector was verbally informed that telephone contacts were made with the complainants or their next of kin since the incident, it was noted that there was no evidence of further communication with the persons involved or their next of kin subsequent to their discharge. Evidence of contacts with the Health Service Executive Senior Case Worker, case discussions or a review of the measures in place to prevent or reduce the potential for recurrence as outlined in the centre's policy for management of complaints was not available. Overall, it was found that the management of the allegation was not conducted in line with the centre's own policy and did not reflect the requirements of the Regulations in that a complete record of the investigation, outcome or learning from

the incident was not documented.

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:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The statement of purpose was to be revised further to the last inspection to include all of the matters required in Schedule 1 of the Regulations. It was found that all of the information required had been included with the exception of residents age profile, type of nursing care to be provided, arrangements for religious services and consultation with residents about the operation of the centre and dimensions of communal areas. In discussion with the person in charge it was agreed that the admission criteria currently outlined was sufficiently specific to inform potential residents. The person in charge forwarded a revised statement to the Authority further to the conclusion of the inspection that meets all requirements of 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:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

This action was addressed. The risk management policy was revised to include the procedures to be followed in the event of assault or medical emergencies. The directory of residents was also reviewed and was found to be maintained in a complete manner and included the gender of residents as required by the Regulations.

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:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

This action was addressed. Fire records reviewed were found to be complete and up to date. Appropriate and sufficient equipment such as fire extinguishers, alarm systems, emergency lighting and directional signage was found to be in place and was regularly serviced on a quarterly or annual basis as required. The most recent servicing by an external consultant took place in June 2013. Internal systems to ensure safe egress from the building in the event of fire were also in place with weekly tests to the fire alarm and daily monitoring of all fire exits to ensure accessibility. Operational checks were also documented to ensure the automatic release system engaged on alarm activation.

On review of the fire exits it was noted that some domestic furniture was located close to two fire exits. In conversation with the person in charge it was agreed that a risk assessment of the location of the furniture would be undertaken by the person in charge and the external fire consultant two days post this inspection when the consultant would be in the centre providing fire safety training to staff. The outcome of the risk assessment would be documented in the fire records. Staff training records showed that all staff had attended fire safety training in 2013 or were scheduled to attend the next training sessions arranged for 10 October 2013. In conversation with staff during the inspection it was found that they were familiar with the fire safety procedures in place to manage a fire emergency and or to evacuate the residents if required to do so.

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:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Residents welfare and wellbeing was found to be maintained through the provision of a high standard of nursing care and good access to medical and allied healthcare. In a sample of clinical records reviewed it was noted that the documentation of care was timely appropriate complete and relevant.

A thorough pre-admission assessment was conducted to ensure the centre could meet the residents assessed health personal and social care needs and a care plan for each identified need was devised and linked to a relevant risk assessment. Care plans were found to be reviewed on an ongoing basis where changing needs were identified and no less frequently than three monthly. Examples included residents with temporary plaster of paris casts whose care plans in relation to personal washing and dressing were revised to reflect a need for increased assistance to wash and dress and a short term care plan implemented to care for the casts and monitor the limb for colour circulation and swelling.

Access to medical and allied healthcare was evident with entries on medical records by visiting for example, General Practitioners, dieticians and community psychiatric teams. Transfer of information within and between the centre and other healthcare providers such as the acute hospital was found to be appropriate with results of diagnostic tests such as blood and x ray results on file. Clinical review letters included on the residents file gave a good overview of the residents current and past medical history from which decisions on clinical improvements or deterioration could be based.

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:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	College View Nursing Home
Centre ID:	ORG-0000128
Date of inspection:	08/10/2013
Date of response:	29/11/2013

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 13: Complaints procedures

Theme: Person-centred care and support

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

A record of a complaint detailing the investigation and outcome of the complaint and whether or not the resident was satisfied was not maintained as required by the Regulations.

Action Required:

Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

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

This complaint is part of an on-going investigation and therefore the detail remains incomplete. All complaints will be completed in full as soon as is practicable.

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

Proposed Timescale: ongoing

Theme: Person-centred care and support

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

A full and complete record of the investigation conducted with outcomes was not maintained or updated as required by the Regulations.

Action Required:

Under Regulation 39 (9) you are required to: Record all complaints and the results of any investigations into the matters complained about. Ensure these records are in addition to and distinct from a residents individual care plan.

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

The outcomes will be updated when completed and relevant information available.

Proposed Timescale: ongoing

Theme: Person-centred care and support

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

The registered provider failed to maintain contact with the persons involved and failed to update them on the status of the complaint or determine their satisfaction or otherwise with the process.

Action Required:

Under Regulation 39 (8) you are required to: Inform complainants promptly of the outcome of their complaints and details of the appeals process.

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

The Provider will ensure that all staff follow the relevant policy and that the persons affected will be updated on progress within 1 week.

Proposed Timescale: 06/12/2013