

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cramers Court Nursing Home
Centre ID:	0218
Centre address:	Belgooly
	Kinsale
	Co Cork
Telephone number:	021-4770721
Email address:	info@cramerscourt.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Inis Ban Ltd
Person authorised to act on behalf of the provider:	Tom Murray
Person in charge:	Theresa Downing
Date of inspection:	2 May 2013
Time inspection took place:	Start: 09:00hrs Completion: 12:50hrs
Lead inspector:	Geraldine Ryan
Support inspector(s):	N/A
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	56
Number of vacancies on the date of inspection:	3

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 12 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 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 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 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 type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This inspection was the sixth inspection carried out by the Authority, the most recent being 11 October 2012. The purpose of the inspection was to follow up matters arising from the previous inspection and to ensure that actions required of the provider had been taken.

This inspection report sets out the findings of a monitoring inspection, in which 12 outcomes were inspected against.

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection, the inspector met with residents, the person in charge

(PIC) and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, policies and procedures, residents' contracts of care and staff files.

There had been considerable progress in addressing the actions required from the previous inspection carried out in October 2012. These included the implementation of:

- a robust quality management system to review practices and processes
- a comprehensive care planning process informed by comprehensive assessments of residents which concurred with residents' assessed dependency levels.

Throughout the inspection the person in charge and the assistant director of nursing exhibited a commitment to continuous improvement, which resulted in positive outcomes for the residents. On the days of inspection, the inspector was satisfied that the nursing and other healthcare needs of residents were met.

The Action Plan at the end of this report identifies where some improvements are required to meet 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*.

Outcome 2

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

References:

- Regulation 28: Contract for the Provision of Services
- Standard 1: Information
- Standard 7: Contract/Statement of Terms and Conditions

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Residents' contracts of care were filed with the residents' care planning folder. The inspector reviewed a sample of the residents' contracts of care and found while each resident had an agreed written contract detailing the services provided, charges other than the weekly charge were not stated.

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: Leadership, Governance 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 3

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

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge (PIC) was supported in her role by two assistant directors of nursing (ADON). The PIC reported directly to the provider. All nurses, care staff and ancillary staff reported to the PIC.

There was evidence that the PIC had a strong commitment to her own continued professional development. There was evidence that she regularly facilitated in-house training sessions, for example, hand hygiene, the prevention of elder abuse, and how to identify and address challenging behaviours.

Residents and staff informed the inspector that the person in charge had a daily presence in the centre and was available to answer any queries or concerns. There was evidence that the PIC held frequent staff meetings and nurse management meetings. A weekly formal management meeting was held with the Chief Executive Officer (CEO). Staff spoken with by the inspectors, were aware of the reporting relationships.

The person in charge and the assistant director demonstrated competence and commitment to the delivery of person-centred care.

Throughout the day of inspection the person in charge demonstrated a good working knowledge 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.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There had been no period when the PIC was absent from the designated centre. The PIC informed the inspector that the two assistant directors of nursing (ADON) were the identified persons to take charge in the event that the PIC was absent from the centre.

Theme: Safe care and support

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

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

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

Outcome 6

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

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Action(s) required from previous inspection:

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.

Action ongoing.

Inspection findings

The centre had an up-to-date policy on, and procedures in place for the prevention, detection and response to abuse.

There was evidence that staff had received regular training in understanding elder abuse and implementing the centre's policy on responding to suspicions, allegations and disclosures of abuse, including who to report it to. There was evidence that any incidents, allegations, suspicions of abuse were recorded, appropriately investigated/responded to in line with the centre's policy.

There were systems in place to safeguard residents' monies. The centre had an up-to-date policy on residents' personal property inclusive of details of how financial transactions were to be signed by two persons, one being, where possible, the resident. At the time of inspection, no residents' monies were held by the centre.

Residents spoken with by the inspector stated they felt safe in the centre and could talk to the PIC, the ADONs' or any of the staff.

A visitor's sign in/out book was readily accessible at the front door. There was evidence, and the inspector observed, that persons entering and leaving the centre signed the book.

Outcome 7

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

References:

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

Action(s) required from previous inspection:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Action completed.

Ensure that the risk management policy covers the precautions in place to control the specified risk of self-harm.

Action completed.

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

Action completed.

Inspection findings

The centre had an up-to-date health and safety policy and statement which was due for review in 2013.

There were procedures in place for the prevention and control of infection. Hand gels, disposable gloves and aprons were appropriately located within the centre. A member of the housekeeping staff spoken with by the inspector was well informed on the prevention and control of infection and articulated a clear understanding of procedures on cleaning residents' bedrooms and en suites. She informed the inspector that she regularly met with the PIC on housekeeping matters. There was evidence of schedules for the housekeeping staff and evidence that the PIC regularly checked the schedules.

The inspector reviewed the risk management policy and noted that it was up to date, signed as having been read by staff. The risk register indicated that risks were identified, assessed and managed. There was evidence that hazards were identified and appropriate control measures in place. The inspector saw evidence of individual risk assessments, clinical and environmental, being carried out by staff.

The inspector viewed the emergency plan and noted that there were arrangements in place for responding to emergencies and a local hotel was the identified location for safe placement of residents, in the event of an evacuation.

There was evidence that staff were trained in the moving and handling of residents.

Suitable fire equipment was provided. All fire exits were unobstructed. A procedure for the safe evacuation of residents and staff in the event of fire was prominently displayed at various locations. Fire records reviewed by the inspector confirmed that:

- the fire alarm was serviced on a quarterly basis
- fire safety equipment was serviced on an annual basis
- fire drills took place on a six-monthly basis
- weekly and monthly arrangements were in place for reviewing fire precautions.

Outcome 8

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

References:

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

Action(s) required from previous inspection:

Ensure the maximum dosage of medication prescribed as required (PRN) is documented in the medication prescription charts.

Action completed.

Ensure the centre's policy on medication management includes reference to ensuring that the maximum dosage of medication prescribed as required (PRN), is documented in the medication prescription charts.

Action completed.**Inspection findings**

The inspector reviewed the centre's policy on medication management relating to the ordering, prescribing, storing and administration of medicine to residents, and noted that it was up to date, signed as having been read by staff. The policy included that the maximum dose of medications prescribed on a PRN basis must be stated. The inspector reviewed a number of medication prescription charts and noted:

- all were regularly reviewed and signed by the residents' general practitioner (GP)
- medications that were discontinued were signed off and dated by the GP
- the route of the medication was stated. Medication to be administered 'crushed' was clearly documented by the GP
- the maximum dose of medications prescribed on a PRN basis was documented.

The inspector noted an adherence to appropriate medication administration practices and the centre had procedures in place for the handling and disposal for unused and out of date medicines.

The PIC stated that residents, once assessed, could be responsible for their own medications and that subject to this arrangement, an appropriate, safe and secure storage would be provided for the resident's medicinal products in their own bedrooms. The centre had a policy to support this arrangement. The PIC stated that, currently, no resident self administered medications.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 10

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

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Action(s) required from previous inspection:

No action was required from the previous inspection.

Inspection findings

The inspector saw evidence of a comprehensive system to review and monitor the quality and safety of care of residents. There was evidence of a weekly collection of data on quality of care. These captured 15 areas of data including falls, pressure sores, restraint, abscension, pain, catheters, weight, and complaints. The inspector saw evidence of a comprehensive quality of care system of audit benchmarked against the *National Quality Standards for Residential Care Settings for Older People in Ireland*. Audits carried out during 2012 included audits on medication, hygiene, risk management, care planning and falls. It was evident that information gathered from audits was used to inform practice, for example, the falls audit prompted staff training and a review of supervision arrangements. The inspector reviewed an audit plan for 2013.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care

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

Action(s) required from previous inspection:

Ensure all staff have an up-to-date knowledge and skills, appropriate to their role, to enable them to manage and respond to behaviour that is challenging.

Action completed.

Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities and document this in residents' care plans.

Action completed.

Ensure staff have an up-to-date knowledge and skills appropriate to the assessed needs of residents, particularly when residents are engaging in activities appropriate to their interests.

Action completed.

Inspection findings

The inspector reviewed the care plans of nine residents and found that residents had timely access to GP services and appropriate treatment and therapies. There was evidence of referral to specialist/allied health care services, particularly for residents with diverse needs and co-existing complex medical conditions. These included access to dental, optical, speech and language therapy (SALT), psychiatry, occupational therapy, chiropody and dietetic services.

The inspector reviewed the care plans of residents who smoked and there was evidence that the care plan was done in consultation with the resident and/or their relative. The residents were assessed as able to smoke unsupervised. Staff were able to view the external smoking room. A fire extinguisher was located nearby.

The inspector reviewed the care plans of resident on whom restraint was used. There was documented evidence to reflect that:

- the risks involved, if restraint was not used, outweighed the risks of using a restraint
- interventions in the care plan for maintaining a safe environment regarding the level of resident supervision required
- documentation of when bedrails were being used at the request of the resident.

The inspector saw evidence of consent for the use of a restraint and evidence that the resident was checked at regular intervals.

The inspector reviewed care plans of residents with diabetes and there was evidence of regular checks of blood sugars and communication between nursing staff and the chef regarding the diets for these residents. There was evidence that the residents were regularly reviewed by the chiropodist and the dietician.

There was evidence that all residents were weighed regularly and any concerns regarding weight loss/gain was communicated to and subsequently addressed by the GP. The ADON showed evidence of regular audit of residents' weights and body mass index (BMI).

There was evidence that the three-monthly review of residents' care plans was comprehensive and deviations from planned care were easily identified. There was evidence that care plans were reviewed with residents and/or their relatives. All documentation pertinent to the care planning process for residents was maintained in an orderly fashion and to a high standard. The PIC and ADON informed the inspector that an extensive review of resident's care plan documentation was in progress. The inspector saw evidence of this system and noted that each resident's folder was maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. There was evidence that each staff nurse had responsibility for updating a number of care plans.

It was evident that residents had opportunities to participate in activities that were meaningful and purposeful to them and that suited their needs interests and capacities. While the activities coordinator was off duty, planned activities were in place. There was evidence that there were up to date assessments on residents' capacity for different activities, and individual sessions were held with residents who were unable to attend an activity in the day rooms. The inspector reviewed the activity programme which included a broad range of activities which included trips, exercise classes, hairdresser, Sonas (a therapeutic communication activity), one to one sessions, quizzes, newspapers, movie club, live music sessions, arts and crafts, walks, bus outings, pet therapy, card games, reminiscence therapy and religious ceremonies. Residents' life stories were captured in the "Key to Me" book.

While there was evidence that an inventories of residents personal possessions were taken on admission, the inventories were not updated on a regular basis and signed by residents.

The privacy, dignity and confidentiality of all residents were safeguarded in that information and documentation pertinent to residents was stored in a safe manner. The inspector observed staff ensuring residents' privacy while attending to their personal care.

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

Action(s) required from previous inspection:

Keep all parts of the designated centre suitably decorated.

Action completed.

Provide suitable facilities for residents to meet visitors in a suitable private area which is separate from the residents' own private rooms.

Action not completed.

Provide suitable provision for storage in the designated centre.

Action completed.

Provide necessary sluicing facilities on each floor.

Action not completed.

Provide suitable changing and storage facilities for staff.

Action not completed.

Inspection findings

The centre is located on 14 acres of woodland and gardens complete with walkways and car parking.

The PIC informed the inspector while planning permission for the proposed extension had been granted, the centre was waiting on clarification of certification of fire and disability access. She stated that limitations imposed by the current design of the building would be addressed as a result of the proposed extension and in such a way that would enhance the lives of residents and staff in the centre. Taking cognisance of this fact, the inspector viewed the premises and found there was evidence that efforts had been made to make the centre homely. The premises was well maintained, and warm. New seating had been purchased. There was evidence that an external contractor regularly serviced the beds and mattresses. The inspector noted that the level of cleanliness and hygiene in the centre was of a very high standard.

Rooms requiring restricted access, for example the medical stores room, housekeeping store, maintenance store, staff changing room and sluice room were secured in a safe manner.

There was evidence that the centre was decorated on an ongoing basis. Residents' rooms were personalised by the addition of pictures, bed throws, decorative items and photographs. However, the PIC agreed that the curtaining in on two-bedded room was inadequate in that it did not completely surround each bed.

There was a functioning lift and call-bell system.

As the proposed extension has not yet commenced, the outstanding actions relating to the premises are reissued in the action plan at the end of this report.

Theme: Person-centred care and support

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

Outcome 13

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

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Action(s) required from previous inspection:

Provide clear written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

Action completed.

Ensure the arrangements for dealing with complaints made by or on behalf of persons seeking, receiving or having received any of the services provided through the designated centre, are set out in a clear manner and that the procedure is publicised in a prominent location.

Action completed.

Inspection findings

The centre had an up-to-date policy and procedure for the management of complaints. The complaints procedure was displayed in a prominent place. The PIC was the nominated person to deal with complaints and the provider was the nominated person to ensure that all complaints were appropriately responded to. Residents also had access to an independent person, the advocate, should they wish to discuss any issue. Residents spoken with by an inspector stated that they could raise any issue or concern with the PIC or staff.

There was evidence that a record of complaints was maintained, including the details of the complaint, the results of any investigations, any actions taken and whether or not the resident was satisfied with the outcome of the complaint.

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

Action required from previous inspection:

Ensure the policy on end-of-life care includes the following details: whenever possible that each resident's choice as to the place of death, including the option of a single room or returning home, is identified and facilitated.

Action completed.**Inspection findings**

The centre had an up-to-date policy capturing the care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes, and respected their dignity and autonomy. All religious and cultural practices were facilitated. Family and friends could be facilitated to be with the resident at this time. Access to specialist palliative care services was available.

Theme: Workforce

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

Outcome 18

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

References:

Regulation 16: Staffing

Regulation 17: Training and Staff Development

Regulation 18: Recruitment

Regulation 34: Volunteers

Standard 22: Recruitment

Standard 23: Staffing Levels and Qualifications

Standard 24: Training and Supervision

Action(s) required from previous inspection:

Ensure that staff have an up-to-date mandatory training and access to education and training to meet the needs of residents and to enable staff to provide care in accordance with contemporary evidence-based practice.

Action completed.

Ensure that there is an up-to-date record of all staff training.

Action completed.

Inspection findings

The inspector noted that the numbers of staff on duty on the day, evening and night shifts met the needs of residents. The PIC was supported in her role by two assistant directors of nursing.

There were appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. There was evidence that staff had up to date mandatory training and access to education and training to meet the needs of residents. There was evidence that staff had attended training in manual handling, fire safety, protection of vulnerable adults, infection control, falls management, cardio pulmonary resuscitation (CPR), challenging behaviour, medication management, care planning and documentation, dysphagia, activity in care, Sonas, clinical audit, root cause analysis, dementia, intravenous therapy, communication, life story and reminiscence, end-of-life care, managing neurological conditions and management of complaints

All staff were supervised on an appropriate basis. On commencing the inspection the inspector noted that the ADON was on the floor supervising staff and ensuring safe care of residents while the PIC was giving a report to the day staff. The inspector attended the day report and noted that comprehensive details pertaining to residents care were reported on.

The inspector was satisfied that the requirements of Schedule 2, Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), were met for staff employed at the centre. While the centre benefitted from the service of two volunteers, vetting, in accordance with best recruitment practice, had not been obtained for the volunteers.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge and the ADON to report on the inspector's findings, which highlighted both good practice and where some improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the co-operation and assistance of the residents, relatives, person in charge and staff during the inspection.

Report compiled by:

Geraldine Ryan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

3 May 2013

Action Plan

Provider's response to inspection report *

Centre Name:	Cramers Court Nursing Home
Centre ID:	0218
Date of inspection:	1 May 2013
Date of response:	17 May 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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:

Not ensuring each resident's contract includes details of the fees to be charged and details of insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

Action required:

Ensure each resident's contract includes details of the fees to be charged and details of insurance cover in place against loss or damage to the property of residents including liability as specified in Regulation 26 (2).

* 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 Regulation 26: Insurance cover Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The missing information covering additional charges and details of insurance cover for residents' property will be inserted in each contract of care and a letter to all residents' and their families will be posted with a copy of the additional information that has been added to the contracts.	31 May 2013

Outcome 6: Safeguarding and safety

The provider is failing to comply with a regulatory requirement in the following respect: Not ensuring that staff concurred with the centre's policy on residents' personal property and possessions in that: <ul style="list-style-type: none"> ▪ inventories of residents' personal belongings were not up to date or signed by the resident or their next of kin ▪ some residents did not have an inventory of their personal belongings carried out on admission. 	
Action required: Ensure that staff concur with the centre's policy on residents' personal property and possessions in that: <ul style="list-style-type: none"> ▪ inventories of residents' personal belongings are up-to-date and signed by the resident or next of kin ▪ residents have an inventory of their personal belongings carried out on admission. 	
Reference: Health Act, 2007 Regulation 7. Residents' Personal Property and Possessions Standard 9: The Resident's Finances	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All existing residents' inventory lists will be updated to ensure all items of residents' property including additional clothing purchased after admission on behalf of the residents are included. Residents' families will be advised to inform the nursing home when they purchase new items for their relatives so that these items can be added to the inventory list ensuring that it is kept up to date at all times and that identity tags can be fitted.</p>	<p>30 June 2013</p>

Theme: Effective care and support

Outcome 12: Safe and suitable premises

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

The curtaining in a two bedded rooms did not adequately preserve the privacy and dignity of the residents accommodated in the two bedded rooms.

Provide suitable facilities for residents to meet visitors in a suitable private area which is separate from the residents' own private rooms.

Provide necessary sluicing facilities on each floor.

Provide suitable changing and storage facilities for staff.

Action required:

Ensure the curtaining in the two bedded rooms adequately preserves the privacy and dignity of the residents accommodated in the two bedded rooms.

Action required:

Provide suitable facilities for residents to meet visitors in a suitable private area which is separate from the residents' own private rooms.

Action required:

Provide necessary sluicing facilities on each floor.

Action required:

Provide suitable changing and storage facilities for staff.

Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Additional curtaining will be installed in the two bedded rooms which were deemed inadequate. Once the centre complete proposed extension for which planning has been granted and which we are waiting for fire and disability certification, the suitable private meeting areas will be available for residents to meet their families. In the meantime, the nursing home will endeavour to facilitate families and their relatives who require a private meeting area, as best it can. The provider has committed to installing additional sluicing facilities on the ground floor which is included in the planning permission for the extension and refurbishment of the existing facility. These additional sluicing facilities will be installed once the extension and refurbishment is completed. Enhanced staff changing and storage facilities are included in our plans for the extension and renovation of the nursing home. The work cannot commence until we have received planning permission and fire and disability certification.	30 June 2013 2014/2015 2014/2015 2014/2015