Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	The Village Nursing Care Centre
Centre ID:	0400
Centre address:	Ballygarriff Craughwell, County Galway
Telephone number:	091 777700
Email address:	info@thevillagecare.ie
Type of centre:	☒ **Private** ☐ **Voluntary** ☐ **Public**
Registered provider:	Ballygarriff Partnership
Person authorised to act on behalf of the provider:	Dr Hussain Bhatti
Person in charge:	Marie O'Malley
Date of inspection:	29 and 30 April 2013
Time inspection took place:	**Day-1 Start:** 09:00 hrs **Completion:** 18:45 hrs **Day-2 Start:** 08:30 hrs **Completion:** 17:45 hrs
Lead inspector:	Marian Delaney Hynes
Support inspector(s):	Deirdre Byrne
Type of inspection	☒ **announced** ☐ **unannounced**
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	7

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 all 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	☒
Outcome 2: Contract for the Provision of Services	☒
Outcome 3: Suitable Person in Charge	☒
Outcome 4: Records and documentation to be kept at a designated centres	☒
Outcome 5: Absence of the person in charge	☒
Outcome 6: Safeguarding and Safety	☒
Outcome 7: Health and Safety and Risk Management	☒
Outcome 8: Medication Management	☒
Outcome 9: 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	☒

This inspection to inform registration was announced and took place over two days. As part of the monitoring inspection inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, contracts of care and staff files.

Pat Kennedy and Denis McElligott are the proposed new providers and they had applied to resister The Village Nursing Care Centre as a designated centre under Section 48, of the Health Act 2007 and they shall be referred to as the providers throughout the report. Mr Pat Kennedy is the person nominated to act on behalf of the providers.

While some areas for improvement were identified, inspectors found that the providers were generally in substantial 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.*

Overall, the layout of the centre had not changed from the previous inspection that took place on 23 January 2013. Since that inspection the providers had appointed a new person in charge and were in the process of recruiting two Clinical Nurse Managers (CNMs) The providers and person in charge demonstrated a strong commitment to meeting the requirements of the Regulations and the Authority's Standards. While there was a significant risk in one aspect of fire safety on the first day of inspection, corrective action was taken and there was no longer a risk.

The healthcare needs of residents were generally well met and residents had good access to general practitioner (GP) services and to a range of other allied health professionals. Inspectors found that the person in charge had recently implemented a high standard of care planning and had also ensured safe procedures were in place for medication management.

Improvements required included:

- the management and use of restraint
- care plans
- speech and language therapy (SALT) assessments
- medication management policy
- policies in general
- elder abuse policy
- risk management assessments
- contracts of care

These items are discussed in the body of the report and are included in the Action Plan at the end of 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*.

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 1

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors reviewed the statement of purpose which had been recently updated. It complied with the requirements of the Regulations and described the services to be provided. The statement of purpose will be kept under review by the providers and was publicly available to residents and relatives.

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

Inspectors reviewed a sample of completed contracts of care and found that they were not in compliance with the Regulations as they did not include the fees to be charged. Eight residents did not have a contract of care.

Outcome 3
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:
Regulation 15: Person in Charge
Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Marie O'Malley was the person in charge and she had been in post since 25 March 2013. She was a registered nurse and had extensive experience in the area of nursing older people and worked full-time in the centre. She normally worked Monday to Friday and she was on call out-of-hours and at weekends. A senior nurse deputised in the absence of the person in charge.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Authority's Standards and her statutory responsibilities.

She demonstrated strong leadership and good communication with her team and was committed to providing a high quality service to residents. She was frequently observed meeting with residents, relatives and staff.

The person in charge maintained her professional development and had attended courses and study days in:

- Manual handling
- Fire safety
- elder abuse
- Malnutrition Universal Screening Tool
- medication management
- person-centred practice.

She had completed a degree programme BSc. Nursing (Hons) and a certificate programme in Health services Management and more recently completed a generic "Train the Trainer" Further Education and Training Awards Council (FETAC) Level 6.

Outcome 4
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:
Regulations 21-25: The records to be kept in a designated centre
Regulation 26: Insurance Cover
Regulation 27: Operating Policies and Procedures
Standard 1: Information
Standard 29: Management Systems
Standard 32: Register and Residents' Records

Inspection findings:
**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Residents' Guide

Substantial compliance ☒ Improvements required * ☐

Records in relation to residents (Schedule 3)

Substantial compliance ☒ Improvements required * ☐

General Records (Schedule 4)

Substantial compliance ☒ Improvements required * ☐

Operating Policies and Procedures (Schedule 5)

Substantial compliance ☒ Improvements required * ☐

Although all policies were in place, inspectors noted that most of them were not centre specific and did not sufficiently guide practice.

Directory of Residents

Substantial compliance ☒ Improvements required * ☐

Staffing Records

Substantial compliance ☐ Improvements required * ☒

One staff file did not include the information and documentation specified in Schedule 2 of the Regulations. This is discussed under Outcome 18.

Medical Records

Substantial compliance ☒ Improvements required * ☐

Insurance Cover

Substantial compliance ☒ Improvements required * ☐

Outcome 5
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

References:
Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre
Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre
Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge had not been absent from the centre for a period of time that required notification to the Chief Inspector. The providers were aware of the requirements to notify the Chief Inspector of the proposed absence of the person in charge.

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

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

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

Outcome 6
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The providers and person in charge had taken appropriate measures to protect residents from being harmed and from suffering abuse. Residents spoken to and those who had completed the Health Information and Quality Authority's (the Authority) Regulation Directorate questionnaire commented that they felt safe and secure in the centre.

Inspectors reviewed the policy on preventing abuse and responding to allegations or suspicions of abuse. The policy provided guidelines to staff on the different types of abuse, the prevention and protection of residents from abuse and how to respond to suspicions of abuse. However, the policy did not include details of the elder abuse officer the requirement to inform the Authority of any allegations, suspected or confirmed abuse. Inspectors were informed by both the providers and person in charge that there were no allegations of abuse being investigated at present.

Staff spoken with were familiar with the procedure to be followed and were able to describe what they would do if they suspected abuse. The person in charge and provider also displayed sufficient knowledge and outlined to inspectors their responsibilities as detailed in the policy. Staff and training records reviewed confirmed that all staff had attended training on the prevention and protection of residents from abuse.

There was a robust and transparent system in place for the management of residents' finances. Inspectors saw that residents' monies were securely stored in a locked press and balances checked were correct. Deposits and withdrawals were witnessed by two people and receipts were maintained.

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:

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

Inspection findings

Although the providers had systems in place to protect the health and safety of residents, staff and visitors significant improvement was required in one aspect of fire safety and some of the aspects of risk management.

On the first day of inspection inspectors observed a significant gap in the fire doors leading into the smoker's room and damaged or absent intumescent strips on other fire doors in the dining room and kitchen area which may pose a risk to residents in the event of a fire. The providers took immediate corrective action and by the second day of inspection these issues had been fully rectified.

Inspectors reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been recently serviced and the fire alarm was serviced on a quarterly basis. Systems were in place for daily checks on the means of escape and weekly testing of the fire alarm and these checks were being recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken to told inspectors that they had received fire safety training and were confident in knowing what to do in the event of fire. Training records reviewed indicated that all staff had received up to date formal fire safety training.

There was a health and safety statement available. Inspectors noted that improvements were required in risk management documentation. The risk management policy did not meet the requirements of the Regulations as it did not contain precautions to control risks identified such as, assault, aggression and violence and self-harm.

Risk assessments had been completed for moving and handling, slips, trips and falls, and storage of chemicals, however, risk assessments had had not been carried out for all areas of the premises including the smoker's room and the laundry room.

Falls risk assessments were undertaken on all residents. There were arrangements in place for recording and investigating falls in care by residents. Information recorded included factual details of the accident/incident, date and time the event occurred, name and contact details of any witnesses and whether the GP and next of kin had been contacted. Inspectors noted that falls and near misses were well described and that observations and remedial actions to prevent a reoccurrence were evident in care plans.

There were measures in place to control and prevent infection, including arrangements for the segregation and disposal of clinical and general household waste. Staff had access to supplies of latex gloves and disposable aprons which inspectors observed being using as required. Inspectors observed good practice regarding the segregation of laundry, this was an issue identified on the previous inspection.

Inspectors checked the water temperature in two of the bedrooms and found that it did not exceed the recommended maximum of 43 degrees centigrade.

Residents were supported to move around the premises freely, handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

Inspectors found there was suitable and sufficient equipment such as hoists, pressure relieving mattresses and mobility aids available to meet residents' needs. There was a service contract in place which covered breakdown and repair for all beds, air mattresses and other equipment used by residents.

An emergency plan was in place which identified what to do in the event of emergencies including external and internal emergencies such as flooding, gas leaks and disruption to the water supply. The plan included contingency arrangements for the evacuation of residents from the building in the event of an emergency. This included details of transport arrangements for residents and alternative accommodation. Ski evacuation sheets were identified as part of the evacuation plan for immobile residents and inspectors noted that immobile residents requiring evacuation with the use of an evacuation sheet had these on their beds.

A visitors' book was maintained at the reception desk and completed.

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:

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

Inspection findings

Whilst one improvement was required, inspectors found evidence of good medication management processes.

There were comprehensive medication management policies which provided guidance to staff however, the policy on medication errors did not sufficiently guide staff on what to do in the event of an error. Inspectors observed the nurses on part of their medication rounds and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines.

All medications no longer used were signed as discontinued by the medical practitioner. Some residents had "as required" (PRN) medication prescribed and the maximum dose in 24-hours was recorded on the prescription sheet.

Inspectors noted that prescription and administration sheets were well maintained and included all of the required information. The medication trolley was secured and the medication keys were held by a nurse at all times.

Medications that required special control measures were carefully managed and kept in a secure cabinet. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

Medication that required to be crushed was appropriately documented and signed by the general practitioner (GP) on the prescription sheet.

A medication fridge was in place and the inspector noted that it was kept in a locked room and the daily temperatures were recorded.

Outcome 9
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:
Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement
Standard 32: Register and Residents' Records

Action(s) required from previous inspection:

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

Inspection findings

Inspectors were satisfied that the person in charge had notified the of all incidents and quarterly returns as required by Article 36 of the Regulations.

Notifications that were sent to the Authority were reviewed prior to and throughout the inspection. Inspectors were satisfied with the outcomes and measures that were put in place and in relation to the recording and notification of incidents.

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 actions were required from the previous inspection.

Inspection findings

Inspectors were satisfied that the person in charge had recently put a system in place to monitor the quality of care and experience of the residents. Due to the recent appointment of the person in charge she had not been in a position to conduct any audits however she showed inspectors a number of audit compilation sheets which allowed for the collection of information on:

- Pressure ulcers
- leg ulcers
- infections
- indwelling catheters
- weight loss/weight gain
- restraint
- medication
- accidents and incidents
- complaints.

The person in charge explained that going forward nurses would be actively involved in auditing care. The providers and person in charge outlined their intention to produce an end of month report and a quarterly report with a view to using the information for the purposes of ongoing quality monitoring and continuous improvement. This outcome will be reviewed at the next inspection.

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:

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

Provide a high standard of evidence-based nursing practice.

Inspection findings

Overall, the health needs of residents were met to a good standard. There was a policy and procedure in place to provide direction to staff on the provision of a high standard of evidence-based nursing care. The centre had sufficient medical cover including a responsive out-of-hours service. Review of residents' medical notes showed that medical staff visited the centre regularly and nursing staff informed the inspectors that medical staff were also available by phone to offer advice to staff. The sample of medical records reviewed also confirmed that the health needs and medications of residents were being monitored on an ongoing basis.

Residents' records reviewed by the inspectors showed that residents had access to a range of other health services, including dietetic, chiropody, and speech and physiotherapy services. The providers informed inspectors that they were in the process of recruiting an occupational therapist (OT) following the post being recently vacated. Relatives and residents spoken to confirmed their satisfaction with the healthcare services available.

Care Plans

Inspectors reviewed a broad sample of residents' documentation. The person in charge had recently introduced a new and comprehensive care plan template and nurses were in the process of implementing them. Inspectors found that resident files were considerably more organised since the previous inspection to allow for easier access to up to date information in relation to each resident.

Assessments were being carried out to identify residents' health and social care needs. The assessments were generally up to date and were repeated when there was a change in the condition of the resident. Nurses also maintained daily nursing notes which provided sufficient information on the condition and treatment of each resident on each shift.

There was an up to date policy and procedure available to provide direction to staff on the management of the care of residents with epilepsy. Inspectors reviewed a care plan and found that it was comprehensive and specific to guide practice for example it described how to maintain the residents airway and the medication regime to be followed. The person in charge had increased the supervision arrangements for residents with epilepsy at night time to ensure that staff were able to respond to any seizure activity without delay. All staff had received training in the management of epilepsy.

A number of dependent residents were receiving their nutrition via a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube. Inspectors found that there was an appropriate policy and procedure in place to guide practice. There was a detailed care plan in place including specific details regarding how the stoma site was managed. The care plan included details regarding the management of the resident should the tube become dislodged.

Inspectors observed good practice in the management of residents who required tracheotomy care. Arrangements were reviewed by inspectors and were found to be appropriate. Spare tubes and cleaning requirements were kept nearby in the resident's bedroom on a special trolley. There was a checklist on the trolley which was checked daily to ensure that all required products were available.
Most staff had received formal training in the management of tracheotomy care. Inspectors reviewed the file of one of these residents and found that there was a care plan which had recently been reviewed. The specifics of the delivery of tracheotomy care were documented on an observation sheet. Inspectors found that this had been comprehensively completed and was in accordance with the centres' protocol.

Wound Care
At the time of inspection one resident had a pressure ulcer which required a specific management regime. This wound required to be dressed every second day. Inspectors found that there was a comprehensive wound assessment and care plan in place to care for this resident.

Nutrition and Weight Loss Management
Inspectors found that the nutritional needs of residents were being well managed in the centre. There was a nutritional policy in place which provided some guidance, the person in charge indicated that the policy would be updated in the near future.

All residents had been assessed using a recognised assessment tool. Residents' weights were monitored on a monthly basis, and this increased to weekly when there had been weight loss. Inspectors reviewed residents' records and confirmed this.

Where residents were assessed as being at risk nutritionally, weight monitoring increased to weekly and food and drink intake charts were commenced. Inspectors reviewed these charts and found that they now provided sufficient information to allow for an informed assessment of residents' nutritional status. Documentation evidenced by inspectors showed that the dietician and SALT were involved as required.

Falls Management
Inspectors found that the risk of falls was being managed effectively and there was a low incidence of falls in the centre. The incidence rate of falls had further reduced since the previous inspection.

In the files reviewed by inspectors, all residents had up-to-date falls risk assessments and care plans to guide staff practice. All incidences of falls were recorded clearly, along with any action taken. The person in charge had recently set up a reviewing

system to identify trends and to ensure that measures were in place to prevent a recurrence. This was in the implementation stage at the time of inspection.

While inspectors observed good practice in the management of falls risk, some of the care plans were not sufficiently detailed to guide practice.

Management of Restraint
Inspectors found that there was a high rate of restraint usage in the centre. Over half of the residents used bedrails, and some residents also used specialist reclining chairs and lap belts.

The policy on restraint in the centre had not been fully implemented but the person in charge was working towards its implementation with a view to reducing the level of restraint where possible.

All residents using restraint had a restraint assessment, however, it did not adequately identify the risks associated with the use of restraint such as entrapment.

Efforts had been made to consider alternatives and a number of new “low low” beds and wedges had been purchased to eliminate the use of restraint. Records of the use and duration of restraint was well documented. Inspectors also found that the management of metal bedrails had improved. Inspectors checked a number of these bedrails and found that they were secure and that bumpers were being used appropriately.

Behaviours that Challenged
Inspectors had been informed that there were no residents with significant behavioural issues in the centre and that there had been no incidences of behaviour that challenged. However, inspectors were satisfied that there were appropriate systems in place to manage behaviour and the providers had recently provided training to all staff.

Residents with Disability
Although the physical care of residents with disability was of a high standard and this was confirmed by relatives inspectors were concerned that these residents had not been provided with sufficient stimulation, activity and opportunities to communicate. The providers and person in charge gave an assurance to assess this and provide all required services to residents with disability to ensure that they could achieve their maximum potential.

Opportunities for Fulfilment
Some residents had an interesting day with a choice of meaningful and appropriate activities, which were suited to the interests and capacities of all residents including residents with dementia.

A full-time activity coordinator was employed to organise and coordinate recreational activities for all residents. She had been on leave in recent weeks and the providers had made an interim arrangement to employ an activity coordinator two days per week. She delivered a range of daily activities and light exercises suited to the needs and interests of all the residents and based on their backgrounds and preferences.

The range of activities which took place included exercise sessions, relaxation therapy, watching movies, reminiscence, singing, arts and crafts and watching the television. Relatives spoken to confirmed that the activities coordinator took a specific interest in residents who had cognitive impairment and communication difficulties by way of endeavouring to find out what their particular interests were.

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:

No actions were required from the previous inspection.

Inspection findings

The centre was purpose-built, and the physical environment complied with the majority of the Regulations and the Authority's Standards.

The building was spacious, bright and furnished with a variety of seating. On the first day of inspection the providers were making arrangements to replace chairs in the dining room and to provide more suitable and supportive seating to facilitate residents positioning at meal times.

Communal space available to residents included a day room, meditation room, a hairdressing room and smoker's room. The residents' smoking room was fitted with mechanical ventilation and glass panel which enabled staff to supervise residents who were smoking without leaving the door open.

Inspectors found the premises to be comfortable, welcoming, attractively decorated and well maintained. A high standard of cleanliness was evident throughout the centre. Heat, lighting and ventilation and water temperature were adequate.

There was sufficient assistive and other equipment to meet residents' needs, inspector observed that a number of residents had specialist seating and there was appropriate storage space for the equipment. There were sufficient arrangements in place for the storage of cleaning chemicals and assistive equipment.

Residents were encouraged to personalise their rooms and many had photographs, ornaments and other personal belongings in their bedrooms.

Adequate sluicing and cleaning facilities were provided. There were measures in place to control and prevent infection including staff training on infection control. There was a policy on infection control. Inspectors noted that staff took appropriate infection control precautions including the use of personal protective clothing while attending to residents' care needs and adhering to hand hygiene precautions displayed in the centre. Hand-washing/sanitising facilities were strategically placed throughout the centre and readily accessible for staff and visitors.

There were sufficient toilets, washing and bathing facilities to meet the needs of residents. Toilets were accessible, clearly marked and within close proximity to bedrooms and communal areas. There was also a visitor's toilet close to the entrance.

The commercial style kitchen was well equipped and food supplies were appropriately stored. The chef had continued to provide a robust food safety management system. The kitchen had its own cleaning store with cleaning equipment and materials specifically for the kitchen area. A separate toilet and changing facility for catering staff was also provided.

As outlined in the statement of purpose and noted by inspectors, some of the bedrooms had capacity for three residents. At the time of inspection, the three-bedded rooms were occupied by two residents. The providers were familiar with the requirement for a maximum occupancy of two residents by 2015.

The providers had posted signage in areas where close circuit television cameras were in use.

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:

No actions were required from the previous inspection.

Inspection findings

Inspectors were satisfied the providers and person in charge had provided an environment that was conducive to residents, families and visitors being able to raise issues and make suggestions, and complaints either verbally or in writing.

The complaints procedure was displayed at the entrance to the centre and in all of the units and was described in the Residents' Guide and the statement of purpose. The complaints policy contained an independent appeals process. The person in charge was identified as the named complaints officer and one of the providers was the nominated person, independent to the person nominated to ensure that all complaints were appropriately responded to and to maintain the records.

The log contained records of complaints, including all relevant information about the complaint, investigation and in most cases the outcome.

Residents were able to tell inspectors who they would speak to if the wished to make a complaint. Staff members were knowledgeable about the policy and their role in responding to issues raised by residents so that they did not escalate and become the subject for a 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(s) required from previous inspection:

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

Inspection findings

Inspectors were satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided in centre.

There was an end-of-life policy in place. Staff confirmed that support and advice was available from the local hospice care team. Families were accommodated in a single room if available and all were provided with food, snacks and drinks as required.

Outcome 15
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors were satisfied that residents received a varied and nutritious diet in pleasant surroundings at times convenient to them.

The menu offered residents a choice of meal at each mealtime and choice was also available to residents on specific diets. The chef provided a menu cycle and there was a choice of meals with two main courses available. The tea time menu was varied with extensive choice in response to residents' requests. Residents told inspectors that food, drinks and snacks were available to them at all times, including night time if they were required. A variety of hot and cold drinks were available throughout the day. Staff were observed encouraging residents to take drinks throughout the day. Inspectors saw a variety of home-cooked food being served throughout the day including homemade bread and scones.

The dining experience was relaxed and unhurried and this afforded opportunities for residents to interact with each other and staff. Inspectors observed the midday meals and found that residents were offered a healthy and varied diet. The quality and presentation of the meals were of a high standard. Residents who required modified diets received their meals in moulded plates which displayed the portions separately. All residents and relatives spoken with and who had completed questionnaires were very complementary of the quality of food provided.

Residents' independence was maintained and encouraged during meal times. Staff offered and provided assistance to residents in a respectful and discreet manner, and encouraged social interaction during the meal.

Residents in the dining room were given ample time to eat independently and were offered the choice to have their meals at preferred times. The table settings in the main dining room were well presented and a variety of condiments were available.

Outcome 16
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

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

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors were satisfied that residents where possible were consulted with on an ongoing basis on the services provided. The person in charge and providers confirmed that this was an area that required further development to ensure inclusivity for all. Residents and relatives spoken to confirmed that they welcomed the new management arrangements because of their approachability and friendliness. The person in charge and providers told inspectors that going forward they wanted to achieve a resident led service to ensure that residents' feedback informs reviews and future planning.

Inspectors observed that arrangements were in place to ensure residents privacy and dignity was respected for example:

- discretion when discussing residents' medical condition and treatment
- staff knocked on bedroom and toilet doors before entering
- bedroom doors were closed and screens were drawn when personal care was being provided
- staff were observed addressing residents in a respectful manner at all times.

Inspectors reviewed the training records and found that all staff had attended an in-house training programme on dignity, privacy and confidentiality in the past three months.

Staff and residents confirmed that residents had an opportunity to exercise their religious and political rights. Residents were provided with Mass twice monthly and residents of other religious beliefs could avail of religious services in accordance with their wishes. Staff confirmed that Eucharistic ministers visit the centre on a regular basis.

The Chief Executive Officer (CEO) told inspectors that residents were afforded the opportunity to vote on referendums and elections. He said that a polling booth had been set up in the centre and that some residents were also facilitated to attend the polling station.

Inspectors found that in many regards residents had flexibility in their daily routines, for example, bed time routines and participation in activities. As previously stated the person in charge emphasised that she would be looking at ways of maximising the resident's capacity to exercise autonomy and choice.

Residents were encouraged and supported to maintain contact with their family. The person in charge ensured that there was no restrictions on visits and residents could receive their visitors in private.

Inspectors observed that residents had access to daily and local newspapers and all rooms had been provided with TVs. Residents were provided with an opportunity to make and receive telephone calls in private.

Outcome 17
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

References:
Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The system in place for managing residents' clothing was effective. Following residents agreement all clothing was discreetly marked on admission. This helped to ensure clothing from the laundry was returned to the correct resident. Residents and relatives stated that they were happy with the way their clothing and personal belongings were managed in the centre.

The inspector saw, and residents confirmed, that residents were encouraged to personalise their rooms. Residents' bedrooms were comfortable and many were personalised with residents' ornaments, pictures and photographs. Adequate storage space was provided for clothing and belongings and lockable space was also provided.

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:

No actions were required from the previous inspection.

Inspection findings

Inspectors found that the staffing levels and skill-mix at the centre were sufficient to meet the needs of residents. However, there were some areas for improvement in that staff files did not meet the requirements of the Regulations.

The person in charge told inspectors that staffing levels were based on the assessed health, social and personal needs of residents using a validated tool and her own clinical judgment. Inspectors observed staff attending to residents in a prompt, attentive and respectful manner. Staff members and residents agreed that there were enough staff and that they could respond to residents' needs promptly during the day and night. Inspectors viewed the staff rota and found that the planned staff rota matched the staffing levels on duty.

There were usually two nurses and 10 health care assistants on duty during the morning time, two nurses and seven health care assistants on duty during the afternoon and evening and two nurses and three health care assistants on night duty. The person in charge was also rostered on duty five days a week.

There was an adequate written operational recruitment policy in place. However, staff were not recruited in accordance with the policy as all staff files did not contain the information required by the Regulations including three references.

The providers and person in charge were committed to providing ongoing training to staff. Mandatory training such as moving and handling and elder abuse training were provided regularly. Training records showed that all health care assistants had completed FETAC Level 5 training.

Additional recent training included:

- Dignity in care
- epilepsy management
- tracheotomy care
- infection control
- restraint management
- falls prevention
- management of diabetes
- neurogenic bowel management
- venepuncture

The person in charge told inspectors that she had arranged further training in May and June 2013 in restraint, care planning, diabetes, infection control, neurogenic bowel management and training on the introduction of early warning scores (EWS).

Closing the visit

At the close of the inspection visit a feedback meeting was held with the providers, the person in charge, nurses and representatives from other departments to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

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Regulation Directorate
Health Information and Quality Authority

2 May 2013

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report *

Centre Name:	Village Nursing Care Centre
Centre ID:	0400
Date of inspection:	29 and 30 April 2013
Date of response:	20 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: Some residents had not been provided with a contract of care. Contracts of care did not meet the requirements of the Regulations.
Action required: Agree a contract with each resident within one month of admission to the designated centre.

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

Action required: Ensure each resident's contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.
Reference: Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 1: Information Standard 7: Contract/Statement of Terms and Conditions

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A contract has been provided to all the residents and we are currently waiting for completed contracts to be returned An interim contract for the residents of Hollylane has been forwarded to the HSE. All existing contracts have been amended to include fees charged for services.	20 June 2013

Outcome 4: Records and documentation to be kept at a designated centre

The provider is failing to comply with a regulatory requirement in the following respect: Some of the operational policies and procedures were not centre specific and did not guide practice.
Action required: 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.
Reference: Health Act, 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: As policies for the Centre were developed and purchased from an outside company, we now plan to review and revise all policies in house to ensure that they are site specific and guide our practice.	30 November 2013

This process has already commenced and is expected to take 6 months to complete.	

Theme: Safe care and support

Outcome 6: Safeguarding and safety

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

The elder abuse policy did not contain details regarding the area elder abuse officer and it did not identify the requirement to notify the Authority of allegations of abuse.

Action required:

Put in place a policy on and procedures for the prevention, detection and response to abuse.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Our policy on Elder abuse has been amended to include the requirement to notify the Authority of allegations of abuse. Currently there is no elder abuse officer in our area and we are submitting any reports to the HSE details of which are indicated in our current policy. We will further amend the policy when informed that an elder abuse officer has been appointed.	Completed

Outcome 7: Health and safety and risk management

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

The risk management policy did not meet the requirements of the Regulations.

Some improvements were required in the management of risk in the centre. Some hazards had not been adequately assessed and controlled and therefore posed a risk to resident's safety.

Action required: 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.
Action required: 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.
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Risk management policies to control the following, unexplained absence of resident, assault, aggression, violence and self harm, accidental injury to resident or staff are now in place and we will forward these in the next two weeks.	Completed

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect: The policy on medication errors did not sufficiently guide staff on what to do in the event of a medication error.
Action required: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.
Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A new policy has been developed to guide staff on what to do in the event of a medication error and we will forward to you in the next week.	Complete

Theme: Effective care and support

Outcome 11: Health and social care needs

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

The provider had not ensured the provision of a high standard of evidence-based nursing care for some residents in the area of restraint management.

Action required:

Provide a high standard of evidence-based nursing practice.

Reference:

Health Act, 2007
Regulation 6: General Welfare and Protection
Standard 13: Healthcare
Standard 18: Routines and Expectations

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The Nursing Home is working towards a Restraint Free Environment through education, multidisciplinary assessment of residents currently using bedrails etc, purchase of equipment, recruitment of occupational therapist and CNM in Spinal Injuries and carry out a thorough review of restrain management of our current residents. Ongoing training is in place	31 August 2013 and ongoing

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

Care plans did not adequately reflect the assessed needs of residents or provide sufficient guidelines for staff on the care to be provided to residents.

Action required: Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances, and no less frequent than at three-monthly intervals.
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 3: Consent Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: A new care plan format has been introduced and education is currently in progress. The care plan includes a 3 month formal review of each resident with multidisciplinary input and formal meeting with individual residents and or representative and family.	30 September 2013

Theme: Workforce

Outcome 18: Suitable staffing

The provider is failing to comply with a regulatory requirement in the following respect: Some staff files did not contain the requirements of the Regulations.
Action required: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.
Reference: Health Act, 2007 Regulation 18: Recruitment Standards 22: Recruitment

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

Provider's response: All staff employed since February 14th 2013 follow a strict recruitment policy. See attached questionnaire with emphasis on reference gathering.	Completed