

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Cottage Nursing Home
Centre ID:	OSV-0004587
Centre address:	70 Irishtown, Clonmel, Tipperary.
Telephone number:	052 612 2605
Email address:	pfitzgerald@wnh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Tipperary Healthcare Limited
Provider Nominee:	Paddy Fitzgerald
Lead inspector:	Niall Whelton
Support inspector(s):	Vincent Kearns
Type of inspection	Unannounced
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	4

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 30 May 2017 09:00 To: 30 May 2017 17:00

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

Outcome	Our Judgment
Outcome 03: Information for residents	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This was an unannounced inspection by the Health Information and Quality Authority (HIQA), which included assessment by a specialist inspector in fire safety. The purpose of this unannounced inspection was to follow up on non-compliances identified at a previous inspection on the 15 March 2017.

During this inspection, inspectors spoke with residents and staff members and reviewed the fire safety management practices in place in the centre. Fire safety issues were identified and are detailed in the main body of this report.

This report does not constitute a full fire safety assessment of the building and the Provider may need to seek the advice of a suitably qualified person with relevant experience in fire safety assessment, to fully meet their obligations under the Health Act 2007 as amended.

Although this was a fire safety inspection, the inspectors also reviewed specific

matters arising from information provided by the provider prior to this inspection and to measure progress in relation to actions required from the previous inspection in March 2017. The purpose of the previous inspection was to monitor compliance with specific outcomes as part of a thematic inspection. There were 16 actions emanating from this previous inspection. Most of these had been progressed since the last inspection however, a number of actions particularly in relation to the premises had not been adequately progressed. Inspectors noted that the provider representative had given January 2018 for completion of most but not all of these actions.

In addition to fire safety, 10 outcomes were identified to measure progress since the last inspection. Four of the 10 outcomes were compliant and two deemed substantially compliant with the regulations. However, the following three outcomes were deemed to be moderately non-compliant; information for residents, safeguarding and safety and suitable premises. Health and safety and risk management was deemed to be major non-compliant. These non-compliances are discussed throughout the report and the action plan at the end of the report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

This outcome was not reviewed in full and inspectors reviewed specific matters arising from information received and to measure progress in relation to actions required from the last inspection.

From a review of a sample of residents' contracts of care inspectors found that contracts had been signed by the residents/relatives. However, not all contracts of care reviewed were adequate for the following reasons:

- written details of the additional service charges levied were not recorded in all contracts
- the contracts did not include the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, "after" the terms, as required by regulation.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

This outcome was not reviewed by inspectors. However, as part of this inspection inspectors reviewed specific matters arising from the previous inspection and to measure progress by the provider in relation to actions required from the last inspection.

There was a full-time person in charge who was a registered nurse with the required experience and clinical knowledge in the area of nursing older people. Throughout the inspection the person in charge demonstrated a good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The person in charge had recently returned from leave prior to the inspection. However, she was able to demonstrate good clinical knowledge of the residents and had sufficient knowledge of the legislation and her statutory responsibilities.

Inspectors found that many of the areas identified on the last inspection requiring improvement were addressed or in the process of being addressed. There were minutes of meetings with all staff involved in the centre and these contained details of on going actions to ensure suitable care and welfare of residents. There was evidence of the person in charge following up any residual issues or areas for improvement. For example there had been improvements in measures to ensure the health and safety of residents, visitors and staff while refurbishment works were in progress. There were measures to safeguard residents from abuse and staffing levels were adequate to meet the needs of residents. Suitable notifications to HIQA had been provided and were found to be up to date.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.***

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

This outcome was not reviewed by inspectors. However, as part of this inspection

inspectors reviewed specific matters arising from the previous inspection and to measure progress by the provider in relation to actions required from the last inspection.

There had been improvements in the written operation policies in place for end-of-life care. The policy now reflected the arrangements in place for removing the remains of a deceased resident from the first floor, in the absence of a suitably sized elevator. End-of-life care plans were in place and these set out the residents' preferences for place of death, whether they were to be resuscitated and any religious interventions that they wished to have.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

Inspectors reviewed specific matters arising from the previous inspection and to measure progress by the provider in relation to actions required from the last inspection. In addition, inspectors followed up on information provided by the provider prior to this inspection.

Since the last inspection, improvements in safeguarding were evidenced, including improved records of regular management and staff meetings and a revised operational policy on protection of vulnerable adults. There were some improvements noted in care plans regarding recording and identifying potential triggers in relation to safely and consistently supporting residents with behaviours that challenge. Care plans for residents exhibiting behaviours that challenge were seen to include positive behavioural strategies. Staff to whom inspectors spoke were clear on providing suitable strategies for the management of behaviours that challenge. However, most but not all staff had received training to support residents who exhibited behaviour that challenges. This issue was actioned under outcome 18 of this report.

Previous information submitted to HIQA by the provider was reviewed by inspectors. The provider provided assurances that residents were suitably safeguarded in the centre and that there were suitable measures in place to protect residents from all forms of

abuse.

Residents spoken to stated that they felt safe in the centre and were very complementary of the kindness and respect shown to them by all staff. Inspectors saw that there was an easy rapport between staff and residents. Inspectors observed warm, positive and respectful interactions between residents and staff. Residents were comfortable in asserting themselves and bringing any issues of concern to staff or the person in charge. A number of residents articulated clearly that they had full confidence in the staff and expressed their satisfaction in the care being provided.

The provider confirmed that all staff working in the centre had Garda Clearance. This was found to be the case when a sample of staff files was examined. There was evidence of good recruitment practices including verification of staff references. There was an adequate policy in place for the prevention, detection and management of any protection issues. All staff spoken with confirmed their attendance at elder abuse training and were clear on their reporting responsibilities. Staff outlined for example their confidence in the person in charge to take appropriate action if and when required. Inspectors reviewed staff training records and saw evidence that all staff had received up to date mandatory training on detection and prevention of elder abuse and further training was scheduled for later in 2017.

The centre managed day to day expenses for a small number of residents and inspectors saw evidence that complete financial records were maintained. Inspectors reviewed the systems in place to safeguard resident's finances which included a review of a sample of records of monies handed in for safekeeping. Small amounts of money stored in envelopes was kept in a locked safe. Each envelope contained the name of the resident and signatures for lodgements and withdrawals were documented with a record of monies lodged or withdrawn as appropriate. This system was found to be sufficiently robust to protect residents.

There was evidence of staff working towards a restraint free environment. For example inspectors noted that there had been a reduction in the number of residents using bed rails from nine to seven since the last inspection. Inspectors saw that alternatives such as low-low beds, crash mats and bed alarms were in use for a number of residents. Regular safety checks of all residents were being completed and documented. The level of restraint used was monitored and audited closely. Staff confirmed that bed rails were often used at the request of residents and residents who spoke with inspectors confirmed this. All forms of restraint were recorded in the restraint register and appropriately notified to HIQA. Risk assessments had been undertaken and care plans were put in place for residents who used bedrails. However, the door from the sitting room to the outside area had been locked using a keypad. Inspectors formed the view that this arrangement was unsuitable for the following reasons. This was the only available outside area for residents use and residents were required to ask staff member to key in the code if they wished to use this door. There was no records of any less restrictive alternatives to this door lock having been tried. There was no written consent in relation to the locking of this door obtained from residents. There were no records of consultation with residents or their representatives in relation to the use of this environmental restraint.

Judgment:

Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

This outcome was reviewed particularly in the context of fire safety. Inspectors also reviewed specific matters arising from the previous inspection and to measure progress by the provider in relation to actions required from the last inspection.

On the last inspection improvements were required in health, safety and risk management. Some proactive health and safety measures had been taken by the provider. For example since the last inspection a formal process had been developed for identifying new or changing hazards in the centre. The person in charge monitored the on-going renovation works and sought to minimise their impact on the daily lives of residents. The person in charge outlined how she along with staff maintained daily vigilance in relation to any potential hazards including risks associated with the on-going renovations. The provider representative also monitored the renovation works to ensure the safety of residents, staff and visitors to the centre. Completed risk assessments were in place for renovation works and while these were generally adequate, improvements were required in identifying risks from a fire safety perspective.

There were measures in place to prevent accidents including grab-rails in most toilets and handrails on corridors and some safe walkways were seen in the outdoor areas. Clinical risk assessments were undertaken, including assessments for dependency, assessments for malnutrition and assessments for pressure ulcer formation. Accidents and incidents were recorded on incident records and were submitted to the person in charge. There was evidence of action in response to individual incidents. However, inspectors found the following potential hazards that had not been risk assessed:

- access for residents to the outside area had not been risk assessed in the context of on-going renovation works
- the stairgate arrangement on the first floor
- the unrestricted windows
- the storage arrangements for plastic aprons and latex gloves
- the exposed copper wire in one electrical socket
- the large uncovered drain located to the side of the premises
- not all toilet/shower rooms had suitable grab rails installed

Documentation seen indicated that hoists required for moving techniques in resident care were serviced regularly. Care plans contained a current manual handling assessment and plan that referenced the specific equipment required for resident and staff safety. Manual handling practices observed were seen to be in line with current best practice. The training matrix recorded that most staff were trained in manual handling except one recently appointed staff. This issue was actioned under outcome 18 of this report.

With respect to the centre from a fire safety perspective, inspectors reviewed the fire safety management practices in place, including the physical fire safety features of the building. Inspectors also examined records for maintenance, fire safety training of staff, evacuation procedures and the programme of drills.

Due to the provider making significant investment in the nursing home, extensive improvement works to the building were taking place at the time of inspection. Inspectors found that it was the building works themselves that created fire risks in many cases, and that upon completion; the building would provide an improved level of fire safety for residents and staff in the nursing home. Inspectors found that more attention was required in managing fire safety risks during construction. The on-going works are outlined under outcome 12, Safe and Suitable Premises.

There was a fire policy and fire safety management plan for the building, however it was not centre specific as references within related in some cases to another nursing home.

The provider was not taking adequate precautions against the risk of fire. There was a small dumbwaiter lift used to pass food and drinks from the kitchen to the upper floor. This created a direct connection between the kitchen and bedroom corridor. The enclosure to the dumbwaiter shaft was completed with a small fire door at both levels held open by a magnetic device. These were connected to the fire detection and alarm system. The doors were ill-fitting and were not furnished with appropriate smoke seals to restrict the passage of smoke at the early stages of fire. This was brought to the attention of the person in charge and the provider. The kitchen is appropriately fitted with a heat detector; however, a heat detector would not provide the same early detection as a smoke detector, resulting in a delay in the fire door to the dumbwaiter shaft closing.

A loose oxygen cylinder was observed within the staff office which was not on an appropriate stand. Oxygen is a high risk material which strongly supports combustion. When not in use they should be appropriately stored in a well ventilated area remote from any possible ignition source.

Inspectors noted that the centre was provided with emergency lighting, fire fighting equipment and a fire detection and alarm system throughout. Records showed that the fire fighting equipment, emergency lighting and fire detection and alarm system had been serviced at the appropriate intervals.

A chair in the smoking room was found to have a torn cover which required repair or replacement.

The building was laid out in a manner that provided residents and other occupants with an adequate number of escape routes and exits. The external escape route from the dayroom/dining room to the rear of the building was along a very narrow path between the building and a higher ground level. In the presence of the inspector, the person in charge organised for a wheelchair to be led through the escape route and it was found to fit. However, there was a large hole covered by loose plywood towards the end of the path. The wheelchair was unable to move through this area. There was also building waste and debris obstructing the route. The person in charge confirmed to the inspector that this would be rectified.

The rear escape stairs from the first floor was found to have furniture and loose grab rails obstructing the escape route at the upper landing level. This was brought to the attention of the person in charge, who committed to having the obstruction removed immediately. There was an evacuation chair located in the lobby accessing the rear stairs at first floor level to assist in the evacuation of residents from the first floor. The external escape route from the base of this stairs led around the building to a gate leading to the main street. The inspectors found there was no plan in place to ensure those residents with restricted mobility could be brought to a place of safety once at the bottom of the stairs as the evacuation chair would be required by the next resident requiring assistance down the stairs.

The inspector observed a number of exit signs where the lighting unit was not permanently lit.

Inspectors reviewed documentation contained in the fire safety register in terms of regular in house fire safety checks in the centre and noted improvements were required in this regard. The findings detailed further on in the report, relating to deficiencies to fire doors and poor fire containment, indicated that the system of fire safety checks required review to ensure they were of adequate extent, frequency and detail.

First aid fire fighting equipment was provided throughout the building. Maintenance records indicated they were appropriately serviced. However, due to the on-going works to the building, a number of fire extinguishers were not mounted on an appropriate device and were loose on the floor in many cases. The fire extinguishers in the kitchen were in an open press concealed by a rubbish bin. In an emergency situation, they would not be readily apparent for use if required.

The provider had made arrangements for appropriate fire safety training to be provided to staff and documentation was furnished to inspectors demonstrating that the training covered the topics prescribed in the regulations. It was noted that all staff had received fire safety training, however there were two staff members who had not received training since Jan/Feb 2016, which did not align with the frequency identified in the training matrix shown to inspectors.

Inspectors saw records which indicated fire drills took place approximately every three months. From speaking to staff and through observation of the drill records, the drills include simulating various evacuation techniques such as the use of a ski sheet or evacuation chair from different areas of the building. While this was good practice, there was no evidence that any worst case scenario, such as the evacuation of the largest

bedroom fire compartment with night time staffing levels, had been simulated as part of the fire drill program. Inspectors spoke to staff and found that they were knowledgeable around the procedures to be followed in the event of a fire, however in some instances the procedures explained to inspectors varied between staff members.

At the time of the inspection, the fire detection and alarm system was in the process of being upgraded to a category L1 system. The fire alarm panel was being relocated to the proposed new reception area. Inspectors were assured that although the panel was being relocated, the system was operational. Inspectors observed smoke detector heads along a first floor corridor which were covered with tape and were informed that they had been covered over when the corridor had been painted previously. The inspector advised regarding the importance of ensuring all smoke detector heads were kept clear, and should be monitored during the on-going works. The laundry facility was located in a building adjacent to the nursing home on the same site and was not provided with a break glass manual call point.

Inspectors found that improvements were required in terms of providing adequate containment of fire. The building was subdivided with construction that would resist the passage of fire and smoke in most cases; however, due to on-going building works, some deficiencies were noted in terms of the integrity of the elements of construction providing fire resistance. Breaches in the fire rated enclosure to a room or corridor that requires fire resistance, results in a passage for fire and smoke to compromise escape routes.

For example, the wall between the store room and the lobby to the rear escape stairs at first floor was incomplete. A hole through which a cable tray and wires passed through, was observed in the wall above a fire door between the front stairs and the rear corridor. A number of other areas requiring suitable fire stopping to complete the fire rated enclosure, were noted during the inspection. Inspectors were told that fire stopping of holes had taken place previously but new breaches had since occurred during the on-going works.

There was a mix of new and existing fire doors through the centre. Although on-going building works were taking place there were a number of deficiencies to fire doors. These included doors with gaps, disconnected self-closing devices and missing or damaged heat and cold smoke seals. The door to the kitchen was not fitted with smoke seals. The self closing device to a set of double doors at the top of the front stairway required adjustment, as it had a large gap where the doors met in the closed position. In the event of a fire, where self-closing devices are disconnected, there is a reliance on management to ensure fire doors are closed. Where fire doors are not in the closed position during a fire, this may result in escape routes becoming smoke logged or not suitable for escape. This risk associated with disconnected self closing devices was identified in a fire risk assessment report for the building, completed by a fire safety consultant dated January 2015. This was discussed with the provider. The inspector was told that residents were having difficulty in terms of manoeuvrability through doors due to the force of the self closing devices. It was explained that the existing fire alarm panel did not have capacity to provide additional devices such as swing-free or hold open devices. However, a commitment was given to the inspector that once the installation for the new fire detection and alarm panel was complete, either swing free or hold open devices would be fitted to new fire doors already installed and to fire doors

installed as works progress.

Inspectors found that the needs of residents in the event of a fire were assessed by way of personal emergency evacuation plans (PEEPS). Of the sample reviewed, they were sufficiently detailed and determined the resident's mobility, cognitive ability and required methods of evacuation for both day and night. However, not all were reviewed within the last twelve months, with one being last reviewed in April 2015.

There were fire procedures in place in the centre; however they did not adequately reflect the principles of phased evacuation and were not sufficiently displayed as required. Inspectors were told that some had been removed for painting and decorating and would be re-displayed without delay. There were way-finding drawings displayed also, but they did not adequately reflect the new layout of the centre and nor did they identify the extent, size and location of fire compartments necessary for phased evacuation. Although there are on-going works to the centre, the drawings should be updated to reflect the current layout of the centre as required. The person in charge showed the inspector updated drawings displayed in the office and committed to ensuring they would be displayed throughout the centre.

Judgment:

Non Compliant - Major

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

This outcome was not reviewed by inspectors. However, inspectors reviewed specific matters arising from the previous inspection to measure progress by the provider in relation to actions required from the last inspection.

The centre had a computerised care planning system in place and resident's assessed needs were set out in care plans. Assessments and care plans were reviewed four-monthly or more frequently as required. A daily nursing record of each resident's health, condition and any treatment given was maintained and these records seen were adequate and informative. Each resident's vital signs were recorded regularly with action

taken in response to any variations. Systems were in place for the assessment, planning, implementation and review of healthcare needs. This included nursing assessments, care plans and clinical risk assessments. There was one resident who smoked tobacco and their risk assessment was adequate and up to date. Based on a random sample of care plans reviewed; overall inspectors were satisfied that the care plans generally reflected the resident's assessed needs. There had been some improvements in the care planning since the last inspection with two of the three actions having been suitably progressed. However, from a sample of care plans reviewed some care plans required improvement. For one resident who was at risk of developing pressure sores the care plan was not adequate. For example, there was no reference to the frequency of positional changes that this resident may require. The entries on the electronic record system were inconsistent and there were occasions whereby positional changes were recorded by day staff only and no night records were completed. In addition, there was no reference in the care plan to a specific pressure relieving device that had been recommended by a physiotherapist.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

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

Findings:

This outcome was not reviewed in full, however, as part of this inspection, inspectors reviewed specific matters arising from the previous inspection to measure progress by the provider in relation to actions required from the last inspection.

The centre was a two storey Georgian building with accommodation provided on both floors. The premises was directly accessed from the main street with the main entrance leading to the reception area and the nursing/administration office. Entry to and exit from the building was restricted and accessed via a coded key pad. There was a lift provided between floors and there were regular service records viewed in relation to this lift, with the most recent service recorded in January 2017. There had been some improvements since the last inspection. For example, there had been new furniture provided as well as upgrading the dining room, sitting room and creating new communal

areas. Inspectors noted that a number of residents' bedrooms contained new bedroom furniture. Significant building modernisation works had been completed with some additional works on-going in the centre. Most, but not all the pipe work was covered. The floor surfaces of both the ground and first floors, which had been identified as damaged on the last inspection; had been repaired. Building works were still on going in the centre and some of the areas of noncompliance identified on the last inspection in relation to the premises remained outstanding. However, the provider representative had given January 2018 for completion of these actions. Therefore, there continued to be a number of premises issues that required improvement including:

- the arrangement for using ambulance stretcher in the lift was not adequate and required a risk assessment for its safe use
- the external grounds were not suitable for, and safe for use by, residents
- plaster on some walls needed repair
- there was inadequate storage in some parts for example there was a hoist and a wheel chair stored in a small sitting room and six commodes stored in one sluice room reducing the access to this room.

In addition, inspectors identified the following premises issues on this inspection:

- that there was no bath including any assisted baths available in the centre
- one of the washing machines appeared to be faulty, as there was water observed leaking from the rear of this machine
- the storage racking for urinals or bedpans in one sluice room was not suitable, as the surface had cracked and it appeared to be rusted.

Hand-washing facilities had liquid soap and paper towels available. The internal circulation areas, most toilets and bathrooms were adequately equipped with handrails and grab-rails. Overall the centre including the communal areas and bedrooms were generally found to be clean. However, there were a number of infection control issues including:

- the covering of one commode chair was damaged therefore impeding adequate cleaning
- there was dust evident on the extractor fan in the sluice room
- there was dust evident on a number of surfaces as well as cobwebs on the ceiling of the laundry room
- there were a number of opened large containers of various ointment's unsuitably stored in toilets and on a windowsill without any residents' identification
- there was an opened container of liquid thickener unsuitably stored in the catering lift
- there were six commode chairs stored in the sluice room on the first floor impeding access to the sluice sink and facilities.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: This outcome was not reviewed by inspectors. However, as part of this inspection inspectors reviewed specific matters arising from the previous inspection to measure progress by the provider in relation to actions required from the last inspection.</p> <p>There was a complaint policy in place dated as most recently reviewed in May 2016 and the complaints' procedure was prominently displayed in the main entrance hallway. The person in charge was the designated complaints officer. There was a named second person identified as the person to ensure that all complaints were appropriately responded to and that the complaints officer maintained suitable complaints' records, as required. Staff spoken with were familiar with the procedure for receiving and recording complaints. Residents spoken with said that they had no cause to complain but if they had, they would complain and were able to identify staff and the person in charge as the appropriate person to bring their complaint to. Inspectors reviewed the complaints log and noted that residents or persons acting on their behalf did raise matters of concern to them; these matters were investigated, remedial action was taken, feedback was provided and some complainant satisfaction was established. There was evidence that any actions required for improvement were communicated to staff as relevant and were implemented.</p>
<p>Judgment: Compliant</p>

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

<p>Theme: Person-centred care and support</p>
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<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: This outcome was not reviewed by inspectors. However, as part of this inspection inspectors reviewed specific matters arising from the previous inspection to measure</p>
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progress by the provider in relation to actions required from the last inspection.

Since the last inspection there had been some improvements in the physical environment in the centre. Inspectors noted that residents had the opportunity to exercise personal autonomy and choice, be it what hour they chose to get up or dine at or whether or not they partook in activities. Staff were observed delivering care in a dignified way that respected privacy, for example, by knocking on the resident's bedroom door and awaiting permission before entering. Overall, residents' rights, privacy and dignity were respected, during personal care, when delivered in their own bedroom or in bathrooms. There were activities provided by staff in the centre. In addition, there were activities provided by people external to the centre providing in-house group entertainment. Residents spoken to confirmed that they were facilitated to exercise their civil, political and religious rights. There was no restriction on visit times. Since the last inspection a small sitting room had been made available for residents to meet visitors in private if they wished. Minutes from residents committee meeting dated May 2017 confirmed that feedback was sought from residents in relation to on going activities, menu options and the renovation work in the centre.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

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

Findings:

This outcome was not reviewed by inspectors. However, as part of this inspection inspectors reviewed specific matters arising from the previous inspection to measure progress by the provider in relation to actions required from the last inspection.

Residents spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents. Inspectors observed positive interactions between staff and residents over the course of

the inspection and found staff to have good knowledge of residents' needs as well as their likes and dislikes. The staffing rota confirmed that there was a nurse on duty at all times. Overall inspectors were satisfied that at all times, there were adequate staff with the right skills, qualifications and experience to meet the assessed needs of the residents. A number of staff spoken to had worked in the centre for long periods and demonstrated a good understanding of their role and responsibilities in relation to ensuring appropriate delivery of person-centred care to residents.

There was an education and training programme available to staff. Since the last inspection the staff training policy had been reviewed. The person in charge outlined the arrangements for ensuring staff competency levels following in house training. For example if staff achieve a score under 80% the person in charge called for a meeting to support this staff member in improving this result. Inspectors noted that an extra column in the training matrix had been added which recorded staff training results.

The training matrix indicated that most mandatory training was provided and a number of staff had attended training in areas such as infection control and hand hygiene and elder abuse. However, not all staff had completed mandatory training in manual handling and some staff were due updated training in supporting residents who exhibited behaviour that challenges.

These failings were discussed under outcome 7 and 8 of this report. Inspectors reviewed a sample of staff files which included the information required under Schedule 2 of the regulations. Registration details with Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland for 2017 for nursing staff were seen by inspectors.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	The Cottage Nursing Home
Centre ID:	OSV-0004587
Date of inspection:	30 May 2017
Date of response:	21 July 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services and the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, "after" the terms, as required by regulation.

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

1. Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

New contracts of care will be issued to all residents in January 2018 which will specify exactly the nature of the additional fees and will clearly state the type of accommodation to residents on admission.

Proposed Timescale: 30/01/2018

Outcome 07: Safeguarding and Safety**Theme:**

Safe care and support

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

Ensure that, where restraint is used in a designated centre including any environmental restraints, it is only used in accordance with national policy as published on the website of the Department of Health from time to time

2. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

All residents will be risk assessed for suitability to go to the outdoor area unsupervised. Following the risk assessment anyone deemed low risk will be given the code to the door and can freely access this outdoor area. An organisational risk assessment of the outside grounds will be completed and an action plan will be put in place. We will separate any area involved with building works from outside areas that are accessible to our residents.

Proposed Timescale: 30/07/2017

Outcome 08: Health and Safety and Risk Management**Theme:**

Safe care and support

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

Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre, 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 including the following potential hazards that had not been risk assessed:

- access to the outside area in the context of on going renovation works had not been risk assessed
- the stair gate arrangement on the first floor
- the unrestricted windows
- the storage arrangements for plastic aprons and latex gloves
- the exposed copper wire in one electrical socket
- the large drain located to the side of the premises

3. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

All windows will have restricted devices applied.

We will remove the stair gate from the first floor and will risk assess all residents on the first floor and anyone that poses a risk will be moved to the ground floor.

Exposed copper piping has already been fixed

Gloves and aprons for general use will be kept in a secure area. Aprons and gloves for specific use will be stored in unobvious places where possible.

A risk assessment of the outside area will be completed and an action plan put in place

Proposed Timescale: 30/07/2017

Theme:

Safe care and support

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

A loose oxygen cylinder was not appropriately stored.

4. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

We no longer have the use of portable oxygen. If we need the portable oxygen in the future, we will risk assess and develop and a suitable storage area.

Proposed Timescale: 30/06/2017

Theme:

Safe care and support

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

Loose furniture was observed within the landing at the top of the rear escape stairs and was found to be obstructing the escape route.

The path leading around the building which provided the escape route from the rear dining room was found to have a large hole covered by loose plywood and building material obstructing the escape route.

5. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

Furniture on the landing of the rear escape was removed immediately. A daily means of escape is already in place but the reporting to the appropriate management let us down. This has now been rectified.

All external escape routes will be inspected daily and any repair work will be carried out immediately and kept clear from debris

Proposed Timescale: 03/06/2017

Theme:

Safe care and support

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

There was no evidence that any worst case scenario, such as the evacuation of the largest bedroom fire compartment with night time staffing levels had been simulated as part of the fire drill program.

6. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

We will organise a simulated worst-case scenario evacuation of the largest bedroom fire compartment using night time staffing levels and record the fire drill programme. A Fire safety specialist has been brought in for training with a special emphasis on the evacuation of difficult areas. This has been followed up with timed drills from these areas. This training is completed

Proposed Timescale: 20/07/2017

Theme:

Safe care and support

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

Improvements were required in terms of providing adequate containment of fire as detailed in the body of the report.

There were fire doors with gaps, disconnected self-closing devices and missing or damaged heat and cold smoke seals.

7. Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

A full audit of all doors will be completed and necessary repairs will be carried out with special attention to a free swing fire controlled device will be fitted. As each room is being renovated, we will make sure all doors are up to standard.

We will remove the dumbwaiter in the kitchen and fire seal the access shaft.

The dumb waiter shaft has been fire sealed. 18/7/17

A meeting was held with all staff outlining the importance of keeping all doors closed and extra signage to remind staff, residents and visitors to keep doors closed have been put up around the centre. Standard mechanical door closers have been reactivated in rooms that are deemed suitable. 14/7/17

A fire stopping in relation to holes made during construction will be brought up to date by 31/7/17 and any further holes will be rectified as work is carried out.

The door and frame work around the storage area on the first floor has been properly fire sealed.

Proposed Timescale: 30/12/2017

Theme:

Safe care and support

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

The evacuation procedure for the centre did not adequately account for assisting non-ambulant residents to a place of safety once they have reached the bottom of the rear escape stairs.

8. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

As part of evacuation procedure, we will develop a plan of moving non-ambulant

residents to a place of safety once at the bottom of the rear escape stairs.

Proposed Timescale: 30/07/2017

Theme:

Safe care and support

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

The fire procedures on display did not adequately reflect the principles of phased evacuation.

The drawings displayed did not adequately reflect the new layout of the centre and nor did they identify the extent, size and location of fire compartments necessary for phased evacuation

A number of emergency exit signs were observed where the lighting unit was not permanently lit.

9. Action Required:

Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

New fire procedures will be displayed throughout the building. New fire zones will be displayed to show accurate lay out of building zones.

An audit on emergency lighting will be carried out and faulty units fixed.

Proposed Timescale: 30/07/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2) including suitable care plans for residents' at risk of developing pressure sores.

10. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

All care plans have been reviewed and updated to reflect repositioning times for

residents at risk of developing pressure sores.

Proposed Timescale: 26/06/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre including:

- maintain all equipment for use by residents or people who work at the designated centre in good working order
- suitable sluicing facilities
- the arrangement for using ambulance stretcher in the lift was not adequate and required a risk assessment for its safe use
- the external grounds were not suitable for, and safe for use by, residents
- plaster on some walls needed repair
- there was inadequate storage in some parts of the centre
- that there was no bath including any assisted baths available in the centre
- the covering of one commode chair was damaged therefore impeding adequate cleaning
- there was dust evident on the extractor fan in the sluice room
- there was dust evident on a number of surfaces as well as cobwebs on the ceiling of the laundry room
- there were a number of opened large containers of various ointment's unsuitably stored in toilets and on a windowsill without any residents' identification
- there was an opened container of liquid thickener unsuitably stored in the catering lift
- inadequate provision of handrails/grab-rails in some bath, shower and toilet areas
- there were six commode chairs stored in the sluice room on the first floor impeding access to the sluice sink and facilities.

11. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

All above issues will be address and actions taken.

With regard the bath, we have no room for a bath and there has never being a bath in the building since purchase. If the opportunity arises where we have room to put a bath in we will.

In relation to the lift- we plan for a ramped access from the 1st floor area. However, due to ongoing works we will be unable to commence these works until present works completed.

Proposed Timescale: 31/12/2019

Outcome 18: Suitable Staffing

Theme:

Workforce

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

To ensure that staff have access to appropriate training including training in moving and handling of residents and training in supporting residents who exhibited behaviour that challenges.

12. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

All trainings are being reviewed and manual handling training will be booked for outstanding staff members to complete.

Proposed Timescale: 30/08/2017