

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cuan Chaitriona Nursing Home
Centre ID:	ORG-0000334
Centre address:	The Lawn, Castlebar, Mayo.
Telephone number:	094 902 1171
Email address:	phil@newbrooknursing.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Newbrook Nursing Home Limited
Provider Nominee:	Philip Darcy
Person in charge:	Eveleen Horan
Lead inspector:	Lorraine Egan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	56
Number of vacancies on the date of inspection:	2

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 judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

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

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

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

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

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

The inspection took place over the following dates and times

From: 20 May 2014 08:30 To: 20 May 2014 20:30

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

Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 13: Complaints procedures
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

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

The person in charge, assistant director of nursing and staff spoken with demonstrated knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first name and the inspector was satisfied that residents were treated with dignity and respect by staff and management.

The feedback from residents was one of satisfaction with the centre and the service provided and many residents spoken with said they were very happy living there.

While there was evidence of good practice in the centre some areas required improvement to comply with the Regulations and Standards. These areas included staff training, medication management and the assessment of resident needs such as social care needs and end of life wishes.

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

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

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Eveleen Horan was the person in charge of the centre. She was a registered nurse and had experience in care of the elderly as required in the Regulations. She told the inspector she worked 8.30am to 5pm Monday to Thursday and 8.30am to 1.30pm on Fridays. The person in charge was supported in her role by the assistant director of nursing who was a registered nurse and worked four days per week. Arrangements were in place for the out-of-hours management of the centre.

The person in charge demonstrated that she had the experience, skills and knowledge necessary to fulfil the role of person in charge and was knowledgeable of the Regulations and Standards. She demonstrated a good knowledge of the residents and their needs.

Throughout the inspection the person in charge answered all the inspector's queries and all documentation required was furnished to the inspector.

Outcome 06: Safeguarding and Safety

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that there were appropriate measures in place to protect residents from being harmed or abused. The inspector viewed the policy on protection and it showed clear lines of responsibility and accountability in relation to allegations of abuse.

Staff spoken with were able to identify the different types of abuse and were aware of the procedures if an allegation of abuse was received.

Residents stated that they felt safe in the centre and said they would speak with the person in charge, the assistant director of nursing or any member of staff if they had a concern.

Family members stated that they had no concerns regarding the safety of their loved ones and said they would speak with staff or the person in charge if they had any concerns.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

While there was evidence of some good practice in relation to health and safety in the centre some improvements were required.

Risk

There was a safety statement and a risk management policy in place. The inspector viewed the risk management policy and noted reference to the Resident Elopement Policy, the Self Harm Management Policy and the Violence and Aggression Policy. These policies were not viewed by the inspector on this inspection.

The inspector viewed the risk register and found that although it clearly identified a range of risks, some improvements were required to the review of risks. For example, there was no documentary evidence that risks were being reviewed and there was no documentary evidence that identified control measures were implemented.

Service records pertaining to the hoists, wheelchairs, beds and mattresses were viewed and the inspector noted that these items had been serviced in January 2014.

Although good moving and handling practices were demonstrated by staff it was not evident from the training records that all staff had received moving and handling training.

Fire

The inspector was satisfied that the provider was taking some precautions against the risk of fire. However, it was evident from records that some staff had not received training in fire prevention and some staff had not taken part in fire drills.

The inspector viewed records pertaining to the servicing of equipment and noted that fire fighting equipment had been suitably serviced. In addition, the inspector viewed records pertaining to the servicing of the fire alarm and noted that it had been serviced in January 2014. The person in charge stated that the fire alarm had also been serviced in May 2014 and that the report had not yet been furnished to the centre by the external company.

The internal doors were linked to the fire alarm system and the person in charge told the inspector that the doors close when the fire alarm is activated.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

While the inspector found some evidence of good practice regarding medication management, improvements were required in relation to the use of PRN (as required) medication, prescription sheets which were not signed by the general practitioner (GP), the storage of medication which was not prescribed for a specific resident and the disposal of medication.

The medication management policy was comprehensive and gave clear detailed guidance on areas such as administration, prescribing, storage, recording, disposal and self administration of medication.

The inspector spoke with a staff nurse regarding medication management and she demonstrated competence and knowledge of procedures and practices in relation to medication administration.

A sample of medication prescription sheets and drug recording sheets were viewed. Medications requiring crushing were individually prescribed as such and the maximum dosage of PRN medications was prescribed. While most medications were reviewed and signed by the GPs, transcribed prescriptions for PRN medications had not been signed by the GPs. Furthermore, prescription sheets did not contain guidance to support nurses in the administration of PRN medication.

Medications requiring strict controls were appropriately stored and managed. Records showed that they were counted and signed by two nurses at the change of each shift. However, the inspector noted there were a number of medications in the controlled drugs press which were not specifically prescribed for a resident. The nurse on duty and the person in charge told the inspector that these medications would be utilised in the event that a GP or the palliative care team prescribed a medication. The person in charge confirmed that the centre did not have a licence for this and stated that these drugs would be returned to the pharmacy.

Secure refrigerated storage was provided for medications that required specific temperature control. Although the nurse spoken with stated the temperature of the refrigerator was recorded on a daily basis, the documented record was not present on the day of the inspection. The inspector found that the temperature of the refrigerator was satisfactory.

Unused and out of date medication was found in the medication refrigerator and was not being returned to the pharmacy on a monthly basis in line with the centre's policy. In addition, a swab sample was stored in the medication refrigerator. The nurse on duty removed this sample and stored it in a separate refrigerator.

Medication audits were not viewed on this inspection.

Outcome 11: Health and Social Care Needs

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

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents' well being and welfare was maintained by a high standard of nursing care. However, improvements were required in relation to the review of care plans, the assessment of social care needs, the lack of behaviour support care plans for residents who displayed behaviours that challenge, the use of forms for recording incidences of behaviours that challenge and the lack of assessments where restraints were being used. In addition, end of life care plans did not adequately identify residents' end of life wishes.

A sample of resident care plans were viewed which showed that residents' needs were assessed and that this assessment informed the care provided for the resident. Residents had access to a range of allied health services such as physiotherapy, chiropody and reflexology therapy. However, not all care plans were reviewed three monthly and in line with residents' changing needs. In addition, some aspects of residents' care plans were not sufficiently comprehensive. For example, end of life care plans were not sufficiently detailed and did not assess residents' wishes for their end of life care. The person in charge stated that the centre was in the process of moving from a paper based system to an on-line system and that this would include a more comprehensive assessment of residents' health and social care needs.

Care plans pertaining to residents who displayed behaviours that challenge were viewed. Forms for recording resident behaviours that challenge were not being used appropriately and residents did not have behaviour support care plans.

The inspector viewed a sample of assessments for the use of restraints in the centre. Some assessments were not being reviewed and residents did not have assessments completed for the restraint being used.

The inspector spoke with an activities coordinator and was satisfied that activities were taking place and that residents had access to a range of activities including outings. The person in charge and the activities coordinator informed the inspector that a sitting room was being decorated for the use of residents with dementia and that specific support and activities would be provided including one-to-one sessions using Sonas (a therapy for people with dementia) which the activities coordinator was trained in.

The assessment of residents' social care needs was not sufficient for all residents. The staff nurse spoken with stated that all residents had a comprehensive assessment of social care needs, however a resident's care plan viewed by the inspector did not contain this assessment.

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were appropriate systems in place to manage complaints in the centre. The complaints policy outlined the duties and responsibilities of staff and the complaints procedure which was displayed in the lobby included the name of the complaints officer and details of the process.

Residents spoken with expressed satisfaction with the centre and said they had nothing to complain about. Family members spoken with said they would speak with the person in charge if necessary.

The person in charge told the inspector there were no complaints to date.

Outcome 16: Residents Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Although CCTV was in use in the communal areas of the centre there was no protocol in place for the use of this surveillance.

Outcome 18: Suitable Staffing

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

Theme:

Workforce

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector was satisfied that the person in charge had a system in place to ensure staff numbers and skill mix were appropriate to the needs of the residents. However, some staff files did not contain all items required in the Regulations.

The inspector viewed copies of the rosters and spoke with the person in charge in relation to the centre's staffing levels. The person in charge told the inspector that she had recently adjusted staffing levels in response to resident needs and that she assessed staffing levels using an identified tool which based staffing levels on resident dependency levels. The person in charge stated she will continue to assess the levels of staffing based on resident needs.

Staff rosters showed there was a nurse on duty at all times. However, rosters viewed required improvement as not all start and finish times of staff were clear.

The inspector viewed a sample of staff files and found that they did not contain information required in the Regulations. For example, some files viewed did not contain evidence of Garda vetting, details and documentary evidence of relevant qualifications or accredited training, a full employment history and evidence of being physically and mentally fit for the work. In addition, some staff files did not contain a reference from the staff member's most recent employer.

Improvements were required to the provision of staff training. Training was not being provided in line with the centre's policies and there was no evidence that staff training needs were being identified and responded to.

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Lorraine Egan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Cuan Chaitriona Nursing Home
Centre ID:	ORG-0000334
Date of inspection:	20/05/2014
Date of response:	17/06/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

Some staff had not received training in the moving and handling of residents.

Action Required:

Under Regulation 31 (4) (f) you are required to: Provide training for staff in the moving and handling of residents.

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

Manual handling training has been scheduled for staff who have not yet received it.

Proposed Timescale: 31/07/2014

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

Theme: Safe Care and Support

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

There was no documentary evidence that measures to control identified risks had been implemented and no evidence that risks were reviewed.

Action Required:

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

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

The risk register is updated at every management meeting and also at Health and safety meetings. Precautions are put in place based upon the assessed risk level.

We will date and initial the risk register to evidence our review and update.

Proposed Timescale: 17/06/2014

Theme: Safe Care and Support

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

Some staff had not received training in fire prevention.

Action Required:

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

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

Fire training has been scheduled for staff who have not yet received it.

Proposed Timescale: 31/07/2014

Theme: Safe Care and Support

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

Some staff had not participated in fire drills.

Action Required:

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

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

All staff have now participated in two fire in the past twelve months and all staff will receive at least two fire drills per annum in future.

Proposed Timescale: 17/06/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

PRN (as required) medications were not signed by the GP on residents' transcribed prescription sheets.

Practices in relation to the administration of PRN medication were inconsistent with the centre's policy.

A number of controlled drugs which were not specifically prescribed for a resident were in the controlled drugs press. The centre did not have a licence for this.

There was no documentary evidence of the recording of the temperature of the refrigerator used for storing medication.

A swab sample was stored in the medication refrigerator.

Action Required:

Under Regulation 33 (1) you are required to: 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.

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

All PRN medications on the transcribed prescription sheets have been signed by the GP.

We have asked the GPs to follow the manufacturer's guidelines when prescribing PRN medication.

The un-prescribed controlled drugs have been returned to the pharmacy.

The temperature of the fridge was being recorded.

The swab sample was placed in the fridge in error.

Proposed Timescale: 17/06/2014

Theme: Safe Care and Support

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

Refrigerated medication was not being returned to the pharmacy for disposal in line with the centre's policy. The staff member identified in the policy as having responsibility to ensure medication was returned to the pharmacy was not adequate and there was no process in place to ensure oversight of this.

Action Required:

Under Regulation 33 (2) you are required to: Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

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

The medication was unreturned to the pharmacy in error. We have audited the medication and provided training to staff on this.

Proposed Timescale: 17/06/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

Some care plans were not reviewed on a three-monthly basis and some care plans were not reviewed or updated following a change in the residents needs.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

All care plans have been reviewed at least every three months and more frequently if a resident's needs have changed.

Proposed Timescale: 17/06/2014

Theme: Effective Care and Support

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

Residents' care plans did not adequately assess social care needs, use of restraint or behaviour support for residents who displayed behaviours that challenge. End of life care plans did not sufficiently identify residents' wishes for their end of life.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

All care plans have been reviewed and any non-compliances found addressed as necessary.

In relation to assessing social care needs, on admission we carry out the following; social care needs care plan, a Key to Me and an assessment of activities.

Proposed Timescale: 17/06/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme: Person-centred care and support

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

CCTV was in use in the communal areas of the centre and there was no protocol in place for the use of this surveillance.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

A CCTV policy has been implemented.

There is CCTV in the Green Room which is focused on the external emergency exits in that room. This is in place for the protection of the residents.

Proposed Timescale: 17/06/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

Some staff shifts were not clearly identifiable on the staff rota as letters were being used rather than specific start and finish times.

Action Required:

Under Regulation 16 (3) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The start and finish time of the night duty is now clearly indicated on the roster.

Proposed Timescale: 17/06/2014

Theme: Workforce

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

Training was not being provided in line with the centre's policies and there was no evidence that staff training needs were being identified and responded to.

Action Required:

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

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

The Centre had identified the following training as being mandatory:

1. Manual Handling
2. Fire Training
3. Elder Abuse
4. Infection Control
5. Challenging Behaviour
6. End of Life
7. HACCP
8. Safe Assisted Feeding

In addition to the above the DON identifies further training needs through staff appraisals, incidents, risk assessments, assessed needs of the residents and changes in policies.

Proposed Timescale: 17/06/2014

Theme: Workforce

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

Staff files viewed by the inspector did not contain all the information and documents specified in Schedule 2 of the Regulations.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: 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 have been obtained in respect of each person.

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

We have reviewed our employee files and are updating them as necessary.

Proposed Timescale: 30/06/2014