

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Carrigoran House
<b>Centre ID:</b>	ORG-0000445
<b>Centre address:</b>	Newmarket-on-Fergus, Clare.
<b>Telephone number:</b>	061 368 100
<b>Email address:</b>	info@carrigoranhouse.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Sisters of Charity of the Incarnate Word
<b>Provider Nominee:</b>	Frances Neilan
<b>Person in charge:</b>	Geraldine Doona
<b>Lead inspector:</b>	Margaret O'Regan
<b>Support inspector(s):</b>	Mary Moore
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	109
<b>Number of vacancies on the date of inspection:</b>	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.

**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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
20 May 2014 09:30	20 May 2014 18:15
21 May 2014 09:15	21 May 2014 17:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This registration inspection was announced and took place over two days. As part of the registration process, inspectors met with residents, staff members, the person in charge and the provider. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The care provided to residents was good with an emphasis on continuous improvement. Nursing care was being provided in line with contemporary evidence based practices. Residents had choices about getting up times, what to get involved in and when to have their meals. Residents were seen to engage in activities such as art, card games, music sessions and enjoyed talking with staff including the

volunteer advocates who had a daily presence in the centre.

The quality of the food was good and the dining areas were attractively laid out. The physical environment was well maintained and there was an ongoing programme of maintenance. Gardens were beautifully designed, secure and had a variety of fowl ambling about. This created much interest and added to the overall holistic atmosphere and approach to care in the centre. Rooms were personalised with many residents having their own furniture, family photographs and other personal effects in their room. The décor throughout was attractive and of a high standard.

New management arrangements were put in place in early 2014 when the person in charge took on the position of provider nominee and a clinical nurse manager took up the post of person in charge. This management arrangement was robust, provided continuity of care and was working well. It provided clear lines of authority, accountability and responsibility for the running of the centre. The collective feedback from residents was one of satisfaction with the approach of staff, the friendliness of staff and the care provided. Relatives suggested some areas for improvement such as a review of meal choices, review of heating during the winter months and activities at weekends but the overwhelming feedback was very positive. One relative summed up her experience as finding a place where she "found encouragement, reassurance, consideration, confidence, care and love". Residents commented by stating "everything I want is looked after" and "all the staff are very approachable, kind and helpful".

Policies were in place and were reviewed since the previous inspection. Other documentation, such as resident file notes and care plans were well maintained. Care plans were personalised and in general included plans for social and recreational activity. Since the previous inspection an electronic record keeping system was installed and staff were seen to be familiar with it. Staff files examined were generally complete with one gap in the process of verifying references. A minor non compliance was identified in relation to stairwells and the provision of grab rails. This is discussed in outcome 7. Medication management practices were good with an emphasis of identifying weaknesses in the system and having them rectified.

This report outlines the findings of the inspection.

**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 01: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The written statement of purpose accurately described the service and facilities that were provided in the centre. The statement of purpose also accurately described the manner in which care was provided, which was based on the philosophy, traditions and values of the Sisters of Charity of the Incarnate Word. The Sisters are a Catholic based religious congregation whose healing ministry displays a commitment to respecting the human person at every stage of life.

The written statement of purpose described a service with the aim of providing "a safe, secure, and caring environment for persons requiring residential care". The services and facilities outlined in this statement of purpose included the provision of medical care and therapeutic services such as physiotherapy, occupational therapy, chiropody, palliative care, psychiatric support and others. The statement of purpose described a service which provided 24 hour nursing care by nurses with expertise in gerontology, cardiology, psychiatry of old age, dementia care and general nursing care. In addition to the nursing care provided the centre employed experienced carers, activities personnel, qualified kitchen staff, administrators and maintenance persons. The inspectors found that the aims, objectives and services set out in the statement of purpose were reflected in the actual care provided. In addition the ethos stated in this document was evident in practice.

All items listed in schedule 1 of the Regulations were detailed in the statement of purpose.

**Outcome 02: Contract for the Provision of Services**

*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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

A sample of resident contracts were examined. They were seen to set out the services to be provided and the fees to be charged. Those contracts examined were dated and signed by the resident and/or their representative.

**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:**

Since the last inspection there had been a change in the post of person in charge. The previous person in charge (PIC) had taken on the role of provider nominee/CEO and the new person in charge had previously worked in the centre as a clinical nurse manager (CNM). This ensured there was good continuity of care as both the CEO and PIC had previous management experience within the centre.

The person in charge worked full time and was a nurse with education and experience in the area of nursing of the older person. She demonstrated clinical knowledge to ensure suitable and safe care and was identified by staff and residents as the nurse in charge.

The person in charge demonstrated knowledge of the legislation and of her statutory responsibilities. She was engaged in the governance, operational management and administration of this centre on a regular and consistent basis. She met daily with the

CEO and regularly met with the Board of Directors. She conducted staff meeting and minutes were maintained of these meetings.

**Outcome 04: Records and documentation to be kept at a designated centre**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

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

**Findings:**

There was substantial compliance with the requirement to maintain records. These were generally complete, accurate and up-to-date. They were maintained in a manner that made them easily retrievable and they were kept secure. General records and resident records were kept for not less than seven years after the resident to whom they related ceased to be a resident in the centre. Reports and documentation related to other inspections such as food safety inspections were maintained in the centre and seen by the inspector.

Policies were centre-specific and reflected this centre's practice. They had been reviewed since the previous inspection of January 2013. A system was in place whereby new or revised policies become the focus of staff team discussion for a number of weeks. Once the policy was read and understood staff signed off on it.

The resident register was kept up to date. Insurance was in place and the cover was the normal for the nursing home industry. The insurance arrangements were also reviewed and amended since the previous inspection.

**Outcome 05: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The person in charge had not been on extended leave since her appointment. Both she and the provider were aware of the need to notify the Regulation Directorate if the person in charge was on leave for more than 28 days. At the time of inspection the CEO deputised for the person in charge. This was an interim arrangement and the medium term plan was for a CNM to deputise for the person in charge. The CEO had deputising arrangements in place for her post.

**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 inspection findings indicated that systems were in place to safeguard and protect residents. There was a policy outlining the procedures for the reporting and management of any type of abuse; the policy referenced reporting responsibilities to other statutory bodies such as an Garda Síochána and had been revised to reflect the providers notification responsibilities to the Authority. The policy facilitated an alternative reporting pathway for staff to either report concerns to the person in charge or the provider.

Training for staff on protection was delivered on a two year cycle and this was reflected in the training records seen by the inspector and confirmed by staff spoken with. Staff confirmed their attendance at training and were knowledgeable as to the detection and reporting of any suspected abuse and were confident that their concerns would be acted on by management. Inspectors noted that residents were relaxed in the company of staff and residents spoken with and relatives surveyed were confident as to the safety of residents in the centre. The provider, person in charge and the resident advocates were seen to be visible and actively involved in the organisation and management of the centre. Other systems such as recruitment procedures, staff supervision and complaints

management supported the procedures for the safeguarding of residents.

The inspector was satisfied that there were transparent and accountable procedures in place for the management of residents' finances. Staff spoken with were knowledgeable and fully aware of their responsibilities and the inspector reviewed softcopy and hardcopy records of transactions relating to residents finances; records seen were signed by staff and the resident or their representative as appropriate. There was a policy in place and the inspector was satisfied that financial procedures were in line with the policy.

## **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 - Minor

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

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

### **Findings:**

While further improvement was required, overall there was substantial evidence of proactive measures to promote and safeguard the health and safety of residents, staff and visitors to the centre.

The health and safety statement was centre specific and had been reviewed and updated in March 2014. The risk management policy and risk register was incorporated into the safety statement and the inspector saw that risk assessments had been completed for each area of work and for the risks as specified in Regulation 31. Risk assessments had been completed on the areas of risk identified during the last inspection with the exception of the stairwells. The premises is split level and while two units were entered directly from the main entrance there were multiple stairwells leading from these units to the lower ground floor level. Staff spoken with confirmed that some vulnerable residents were identified as at risk of accessing the stairwells and an explicit risk assessment was completed for the residents as outlined in the providers response to the last action plan. However, inspectors were not satisfied that the identified control actually reduced the risk presented by the stairwells and this was explored with the provider and the person in charge at verbal feedback.

With the exception of the stairwells the physical environment was in a sound state of repair; a facilities manager was employed, preventative maintenance contracts were in place for equipment such as the passenger lift, hoists and equipment relating to resident care; a generator was in place that had capacity to maintain all services. A sample of windows inspected were all suitably restricted, there was restricted access to high risk

areas such as the sluice room and service areas. Circulation areas were generally free of obstruction, floor coverings were in good condition and hand rails were in place. However, a random sample of communal sanitary facilities demonstrated that handrails and grab-rails were not in place.

Inspectors noted that the surface of the ramp at the main entrance was damaged and uneven and the hand rail was of insufficient length; however, the provider had documentary evidence that plans for remedial works were in progress following feedback received from residents.

The inspector saw a comprehensive emergency plan that had been revised and expanded following learning gained from the events of the storm early in 2014 and two-way radios had been sourced for staff as a further emergency contingency.

There was evidence of the proactive management of fire safety. Prior to the inspection the provider submitted documentary evidence that all of the requirements of the statutory fire authority were complied with. The fire register was well maintained and from it the inspector saw that the fire detection system was fully addressable and was inspected and serviced on a quarterly and annual basis; fire fighting equipment was inspected and tested in December 2013 and the emergency lighting was inspected in May 2014. In addition to these inspections completed by external parties there were internal procedures for inspecting and testing fire prevention and detection systems and fire escape routes at the prescribed intervals. The inspector saw that fire escape routes were clearly indicated and free from obstructions. Staff training in fire prevention and the actions to be taken in the event of fire was provided both by an external party and on an ongoing basis including practical evacuation exercises by the facilities manager who had a suitable qualification in this area. Staff spoken with confirmed that they had received training and were knowledgeable as to the fire safety procedures including the procedure for the evacuation of residents if necessary. Diagrammatic evacuation notices were prominently displayed on each unit and in each bedroom.

A designated smoking room for residents was provided and at the time of inspection the one resident who smoked, utilised the facility. The room was clean, easily observed, externally and mechanically ventilated, connected to the fire detection system and fire fighting equipment was in place. Staff had undertaken a smoking risk assessment and were conversant with the controls implemented to reduce the risk of fire and burns; however, these had not been explicitly set out. The inspector was satisfied that this was immediately rectified by nursing staff once noted.

Staff were supplied with adequate equipment to assist them with manual handling such as hoists, flat sheet sliding systems and transfer belts; the inspector saw that the hoists were inspected in line with legislative requirements. A manual handling risk assessment was completed on each resident and a manual handling plan was formulated. The plans seen by the inspector were current, reviewed as necessary and provided clear guidance to staff on the residents ability, the staff assistance required and equipment to be used.

The arrangements in place for the management, investigation and learning from accidents and incidents are discussed in Outcome 10.

The centre was visibly clean and staff with responsibility for environmental hygiene were employed daily. Staff spoken with were provided with appropriate equipment such as gloves, aprons and alginate bags and were conversant with procedures including the procedures for the control of infection and the management of soiled or infected linen. Clinical risk waste was securely stored and a contract for its removal by a licensed contractor on a monthly basis was in place.

## **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 - Minor

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

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

### **Findings:**

Arrangements were in place to ensure safe medication management practices. There were written policies and procedures detailing ordering, prescribing, storing and administration of medicines. However, there was a discrepancy between the written PRN medication policy (medications given on an "as required" basis) and the actual practice. The procedures in place for the handling and disposal for unused or out of date medicines were satisfactory. Evidence was found of substantial compliance with residents' medicine prescriptions and the indications from a sample of prescription charts examined was that there was minimal use of psychotropic medicines. Medications were reviewed at least three monthly by medical practitioners.

Measures were in place to reduce the potential risk of medication administration error such as: the maximum doses for PRN (as required) medicines was stated on the prescription charts; discontinued medicines were signed by a medical practitioner; administration records identified where residents received their medicines in a crushed format.

A system was in place for recording medication errors and near misses. Where errors occurred the GP was informed and evidence of his/her review was recorded. The culture being developed in the centre was one of recording such incidents, learning from such incidents and a non incriminatory approach by the person in charge to such incidents

A medication round was observed and practices adhered to professional guidelines. For example, hands were washed, prescription charts were checked and the five rights of medication administration were adhered to. The pharmacist reviewed medications on a monthly basis; at the time of delivering medications to the centre. A nurse's signature list was present at the front of each prescription folder. Controlled drugs were checked

by two nurses at the beginning of each shift.

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

A record was maintained of all incidents occurring in the centre. Quarterly reports were provided to the inspectorate as required. There was good awareness amongst management staff of the requirement to submit notifications to the Health Information and Quality Authority.

**Outcome 10: Reviewing and improving the quality and safety of care**

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

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

In addition to the engagement of staff with residents and relatives on a daily basis formal systems were in place for the monitoring and review of the quality and safety of care and services provided to residents. These systems included consultation with residents and relatives through the completion of comment cards or the convening of the resident and relatives' forums. Minutes from both forums were maintained and seen by the inspector. The minutes demonstrated discussion of pertinent areas such as the provision of equipment, funding arrangements, the variety and quality of meals, the environment and the provision of activities; there was evidence that feedback was listened to and actions were taken to bring about improvements.

As discussed in Outcome 13 all complaints received were audited annually to establish the effectiveness of complaints management procedures and to identify any further improvements required.

The quality and safety committee comprised of the registered provider, the person in charge, department heads and the resident advocates. They met monthly to discuss the findings of reviews, monitor the implementation of actions and identify any further action required.

There was a programme of clinical audit based on the collation of data as recommended in Standard 30 of the National Quality Standards for Residential Care Settings for Older People in Ireland, and the occurrence of accidents and incidents. Data was analysed contemporaneously, monthly and annually with actions identified for improvement. For example, the inspector reviewed a comprehensive analysis of falls from which a quality improvement plan was devised to include enhanced staff observation, movement alarm devices, impact reducing mats and physiotherapy referral. Documents reviewed, staff spoken with and practices observed confirmed the implementation of the quality improvement plan in practice. In response to the previous inspection report the centre had adopted a targeted approach to the use of physical restraint with a significant reduction achieved without any reported increase in the incidence of falls.

The registered provider informed inspectors that she planned to enhance the existing quality review system by making the findings of reviews and annual reports available to both residents and their relatives as appropriate.

### **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 - Minor

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

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

**Findings:**

Residents had access to GP services and appropriate treatment and therapies. As discussed in outcome 8 medication was reviewed by GPs at least on a three-monthly

basis. Specialist services and allied health care services such as physiotherapy, occupational therapy, and dietetics were provided for by the provider. They were organised according to the needs of residents. Records were seen to be maintained of referrals and follow-up appointments. Clinical care such as falls management, wound care and management of incontinence accorded with evidence-based practice. However, aspects of the wound care records were not completed, namely wound measurements. Residents' right to refuse treatment was respected, documented and brought to attention of the resident's GP as required.

Overall a comprehensive and personalised initial assessment of residents' health and social care needs took place. Care needs were set out in electronically held care plans. These plans were revised following regular review. Residents and their families were encouraged to be involved in developing the plan of care. The inspector viewed hard copies of residents' care plans which were signed by the resident or their family member. The random selection of care plans examined were personalised and in general contained accurate and descriptive information with regards to the social and recreational needs/interests of residents. However, one care plan had did not outline the resident's social care needs.

There were opportunities for residents to participate in activities. These included music, art, exercises, card games and cooking. The care and support provided reflected the nature and extent of residents' dependency and needs. For example, residents with a cognitive impairment were provided with reminiscence therapy, those with restricted mobility were supported to enjoy pet therapy and those who enjoyed keeping up-to-date with current affairs were able to enjoy quite reading space and access to radio and television. The hairdresser had a regular presence in the centre. Chiropody was provided on a regular basis. Residents had access to secure gardens which were attractively planted and had a variety of fowl which added to the garden interest.

A policy on managing behaviour that is challenging was in place. Efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. Staff had specialised training and skill in this area. Since the previous inspection much work had been undertaken in relation to the use of restraint and in particular the use of bed rails. Restraint was subject to assessment, on-going review and monitoring. Where used, the least restrictive approach was put in place and for the shortest time necessary. Alternative, less restrictive measures, were tried before restraint was employed. Documentation was in place to this effect. It was evident that beds which lowered to near the ground were used in preference to more restrictive measures. The use of bed rails was particularly low.

### **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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

#### **Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

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

**Findings:**

The design and layout of the centre fitted with the aims and objectives of the statement of purpose and the centre's resident profile. It promoted residents' independence and wellbeing. Storage facilities were adequate. There was a functioning call bell system in place and there was suitable storage for residents' belongings. The provider maintained a safe environment for resident mobility with handrails in circulation areas and corridors kept clean and tidy. There was appropriate lighting, signage and colour schemes. The decoration throughout was of a good standard and an ongoing redecoration programme was in place. Adequate space was available for privacy. There was a variety of communal space available. At the time of inspection the heating and ventilation was suitable, as was the water temperature. Pipe work and radiators were safe to touch.

The premises and grounds were well-maintained. Maintenance staff were employed to attend to all maintenance issues. The room dimensions met the requirements of the National Quality Standards for Residential Care Settings for Older People in Ireland for existing centres. The size and layout of bedrooms were suitable to meet the needs of those who resided in the centre at the time of inspection. Each bedroom had an en suite toilet and wash-hand basin facility. There were a sufficient number of other toilets. While the number of baths and showers available were limited, there was no indication that residents were not facilitated to have a bath or shower when or as often they needed or requested it. Sluicing facilities were provided. Equipment was well maintained and service records were available for this equipment. Storage arrangements for equipment was generally safe but limited. Hoists, trolleys and sit on scales were stored in the bath/shower room or on the corridor leading to these rooms.

There was a well equipped and well stocked kitchen. Satisfactory environmental health officer reports were available. Kitchen staff had received appropriate training and suitable staff facilities for changing and storage were provided. The laundry service was outsourced and inspectors were informed that this outsourcing arrangement worked well. Residents were generally positive in their comments with regards to the laundry arrangements.

**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:**

Inspectors were satisfied that effective policies and procedures were in place for the management of complaints. The complaints management policy satisfied regulatory requirements, promoted the proactive management of complaints via the resident and relative forums and clearly set out each staff members role in the receipt and management of complaints. Records seen indicated that practice was in line with the policy.

The inspector reviewed the log of complaints and was satisfied that both residents and relatives were forthcoming with any concern or dissatisfaction experienced, that they were listened to, that appropriate action was taken, timely feedback was provided and complainant satisfaction was established. In addition, as part of the overall governance of the centre and the system of quality assurance all complaints received and the actions taken by staff were independently audited on an annual basis with further recommendations made as necessary to prevent a reoccurrence.

The complaints procedure was displayed at the main reception desk and was also included in the residents' guide; however, given the size of the centre, at verbal feedback inspectors recommended that the procedure would also be displayed in each unit, that the reference advising complainants to contact the Authority be removed, and that all staff be familiarised with the operation of the independent appeals process.

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Care practices and facilities in place were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated, and family and friends were facilitated to be with the resident when they were dying. Residents had the option of a single room and access to specialist palliative care services.

A policy on end of life care was in place and reviewed since the previous inspection. It was available in each of the four units in the centre. Staff had received in-house education and training to ensure knowledge and understanding of policy at unit level. Adherence to the policy was monitored by the clinical nurse managers and the person in charge.

The inspector viewed residents' end of life care plans. They were completed as directed by the resident, some were very detailed and others less so. It was evident that the nurse completing the care plan took her direction primarily from the resident and in some instances the family were also involved in this discussion. The resident's GP and the resident's advocate was also available to be involved in these care plans as the need determined. The care plan was reviewed regularly with the resident.

Facilities were in place for the deceased to remain in the centre for the funeral service. Residents and staff were facilitated to attend these services.

**Outcome 15: Food and Nutrition**

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

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Recently reviewed policies for the assessment, monitoring and documentation of residents' nutritional and fluid requirements were in place. All meals were freshly prepared on site in the spacious well equipped catering service. The inspector saw that there were adequate stocks of a broad variety of fresh, frozen and dry food stuffs and the service was monitored by the relevant environmental health officer (EHO);

inspection reports were available for review. Staff reported and inspectors saw that some residents took their meals in the main central dining room while others by choice or due to dependency remained in the dining area provided on each unit; inspectors were satisfied as to the quality of the dining experience in both locations. An adequate staffing presence was maintained and assistance was provided in a discreet and unhurried manner. Relatives of more dependent residents were seen to be discreetly facilitated to attend and assist their family member if this was their preference. Meals including meals required in a modified format were presented in an appealing manner and individually plated in line with each resident's requirements.

A daily menu offering choice was prominently displayed; staff and residents reported that meal preferences were established daily and/or at each mealtime and this was evidenced in records maintained by the catering staff. Feed back from residents on the quality and variety of the meals provided was evident in the minutes of the residents' forum as were the actions taken in response to the feedback received including meetings between the residents and the catering supervisor.

Procedures were in place for the management of residents' nutritional requirements including residents with specific care needs. Staff had received training on areas such as dysphagia, nutritional assessments and the completion of nutritional care plans. Staff completed oral assessments and the malnutrition universal screening tool (MUST) and where a problem was identified the appropriate care plan was in place. Staff routinely weighed residents on a monthly basis, monitored the stability of weights and intervened as appropriate. There was documentary evidence of medical, dietetic and speech and language therapy review and the incorporation of recommendations into the nursing plan of care. There were formal systems of communication between clinical and catering staff and the inspector noted no inconsistencies or deviations from the plan of care.

### **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:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The centre operated both a residents forum and a forum for relatives. Their operation and positive impact on the organisation of the centre has been discussed in Outcome 10.

The centre primarily provided single room private accommodation for residents with some twin room accommodation also provided. The provider reported that residents predominantly requested single room accommodation and this was facilitated if at all possible including designating a twin room to a single room for the duration of the residents care or until a single room became available. Inspectors saw that residents' private accommodation was personalised in line with individual preferences with many residents enjoying sharing their memories and hobbies with inspectors. Bed-spaces in shared accommodation was adequately screened. CCTV was in place only at the main entrances to the centre.

Adequate provision was made for religious observance. There was a chapel in the centre where mass was said daily six days a week and also transmitted to each unit; staff were informed as to each resident's individual beliefs and preferences and were seen to facilitate same.

The observations of staff/resident interactions by inspectors during the inspection were positive with staff attentive to and demonstrating respect for residents and this would concur with the feedback received from residents and relatives.

There were no reported and no apparent restrictions on visiting. Inspectors observed a good level of visitor activity and saw that while most residents choose to meet with their visitors in their own room, the attractive lounges available on each unit were also utilised. The log of visitors was diligently maintained at reception.

A hairdresser was present in the centre three days per week and residents were seen to utilise and enjoy the service.

**Outcome 17: Residents clothing and personal property and possessions**

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

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was a policy in place for the management of residents' personal belongings; the policy was signed as reviewed and updated on an annual basis. Management and staff reported that approximately two months prior to this inspection a decision had been made to outsource the laundry service and while staff reported some inevitable

challenges it was evident from speaking with staff and from records reviewed that the change in practice was monitored and appropriate action was taken as necessary to ensure that adequate stocks were available to staff and that residents' personal property was safeguarded. The service operated six days per week.

The inspector saw that staff completed an inventory of each residents personal belongings and a random sample reviewed were signed by the resident and a staff member. Staff with direct responsibility for the management of residents' personal clothing were clear as to their duties but also clear that many residents preferred to manage their own freshly laundered linen and this was facilitated.

Adequate storage space was provided in bedrooms including the provision of secure storage; storage space in shared bedrooms was clearly segregated and designated to each individual resident.

### **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 - Minor

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

No actions were required from the previous inspection.

#### **Findings:**

While a minor improvement was required, overall inspectors were satisfied that there were good systems in place for the recruitment, allocation, training and supervision of staff.

Based on their observations and these inspection findings inspectors were satisfied that the numbers and skill mix of staff were adequate to meet the needs of the residents and other factors such as the layout of the building. A planned monthly roster was in place and a roster was maintained for each person employed in the centre. There was a nurse on duty at all times and defined procedures in the evening, at night time and at weekends for the management of the service by a designated nurse in charge. A new nurse management structure had also recently been introduced with the appointment of clinical nurse managers to each unit.

The inspector reviewed a sample of staff files and found that they were well maintained and presented, demonstrated the providers' knowledge of regulatory requirements and

were substantially compliant with these requirements. However, while there were clearly procedures in place for the verification of references there was some minor deviation in the robustness of their application.

Volunteers and other persons providing services to residents on a regular basis were vetted appropriate to their role and level of involvement with the residents, with documentary evidence of training and qualifications, insurance and Garda Síochána clearance.

At the time of inspection the person in charge reported that 36 nurses were employed by the centre and evidence of their current registration with their regulatory body was in place and made available for inspection.

A matrix of staff training was maintained and the person in charge told inspectors that it was used to monitor staff attendance and mandatory training requirements. The record indicated that all staff employed had up to date training in fire safety, manual handling and the protection of vulnerable adults. Other recent training completed by staff included medication management, wound prevention and management, end of life care, the management of behaviours that challenge, infection control, food hygiene, nutrition and basic life support. Throughout the inspection inspectors found staff to be knowledgeable of and accountable for their roles and responsibilities, the needs of each resident and their planned care requirements.

The provider and person in charge had a daily presence in the centre. In addition to this management presence, there was the recently implemented clinical nurse management structure in each unit. This together with the formal procedures in place for staff appraisals ensured a good level of supervision. The inspector reviewed documentary evidence of the induction of staff on their employment, their appraisal while on probation and the annual appraisal of established staff. Minutes were made available of regularly convened staff meetings where issues such as training, supervision, policy review and feedback from audits were discussed with staff.

## 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:***

Margaret O'Regan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Carrigoran House
<b>Centre ID:</b>	ORG-0000445
<b>Date of inspection:</b>	20/05/2014
<b>Date of response:</b>	18/06/2014

### 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:**

While a risk assessment was in place for the unrestricted stairwells inspectors were not satisfied that the identified control was an adequate measure.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

A Key padded security system will be installed to all doors entering a stairwell. There are 4 stairwells within Carrigoran House connecting the 2 floors – ground and first floor. The access to the stairwell via a door at the top and bottom of each stairwell will have a key padded security system installed which will consist of an over-ride system consisting of a break glass unit that will by-pass the coded key pad system. All key pads

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

for all doors will be linked to the existing fire Detection system which will allow doors to be opened freely during an emergency/ evacuation.

All works to be completed by the 27th of June 2014.

**Proposed Timescale:** 27/06/2014

**Theme:** Safe Care and Support

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

A random sample of communal sanitary facilities did not have grab-rails in place.

**Action Required:**

Under Regulation 31 (4) (b) you are required to: Provide handrails in circulation areas and grab-rails in bath, shower and toilet areas.

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

The communal sanitary facilities were initially designed for assisted living. The residents generally have assisted showers and baths, grab rails will now be installed to facilitate independent residents with these activities. Horizontal and vertical grab rails will be installed in all communal sanitary facilities within Carrigoran House in accordance with Regulations 31 (4) (b) and with doc M guidelines.

All works to be completed by the 11th of July 2014.

**Proposed Timescale:** 11/07/2014

### **Outcome 08: Medication Management**

**Theme:** Safe Care and Support

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

There was a discrepancy between the written policy for PRN medications and the actual practice.

**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:**

The MARS (Medication Administration Record Sheet) was printed by the pharmacist with the PRN medication and the regular medication combined on the one MARS sheet. This contravenes Carrigoran House policy which states that the PRN medication and the Regular medication are printed on separate MARS sheets. The MARS are generally printed in line with policy and the pharmacist on the last medication review overlooked

this when printing the MARS. This was brought to his attention and was immediately rectified.

**Proposed Timescale:** 27/06/2014

### **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:**

One of the care plans examined did not outline the social/recreational needs of the resident.

**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:**

The resident's social and recreational needs are generally included in the care plans but the resident chart inspected did not have social and recreational needs identified as the resident declines any offers of inclusion in scheduled activities. The care plan has been completed stating the resident is not interested in scheduled activities and reflects his own preferences and choice how he spends his day.

**Proposed Timescale:** Completed

### **Outcome 18: Suitable Staffing**

**Theme:** Workforce

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

While there were procedures in place for the verification of references, based on a sample of staff records reviewed there was some inconsistency noted in the verification of references.

**Action Required:**

Under Regulation 18 (2) (c) you are required to: Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2.

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

The verification of references is generally undertaken prior to recruiting a new staff member, one of the staff files inspected had not contained verification of reference at the time of the inspection and this was immediately rectified. The recruitment policy and procedure will be reviewed to ensure all references are verified prior to recruitment and this will be monitored by the PIC and all new staff recruited will have their HR records checked for inclusion of a record of verification of reference prior to filing.

**Proposed Timescale:** 20/06/2014