

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Carlingford Nursing Home
<b>Centre ID:</b>	OSV-0000121
<b>Centre address:</b>	Old Dundalk Road, Carlingford, Louth.
<b>Telephone number:</b>	042 938 3993
<b>Email address:</b>	carlingford@arbourcaregroup.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Cooley Nursing Home Limited
<b>Provider Nominee:</b>	Donal O'Gallagher
<b>Lead inspector:</b>	Siobhan Kennedy
<b>Support inspector(s):</b>	Ciara McShane;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	43
<b>Number of vacancies on the date of inspection:</b>	1

## **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 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 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 1 day(s).

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

From: 20 November 2014 10:00 To: 20 November 2014 18:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
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**

As part of the application for renewal of registration the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). The inspectors reviewed this documentation, ascertained the views of residents, relatives, and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The fitness of the provider and the person in charge was determined by interview during the previous registration inspection and ongoing regulatory work, including subsequent inspection of the centre and compliance with matters arising from inspections. Staff involved in the management of the centre demonstrated their knowledge of the legislation and standards throughout the inspection process.

Matters arising from the previous follow up inspection (1 action) carried out on 30 May 2014 was satisfactorily addressed.

In the main, inspectors found that residents and relatives were positive in their feedback to the Authority and expressed satisfaction about the facilities and services and care provided. They were complimentary about the care and support provided by staff and management, the premises, meals provided and the attention by staff to residents' clothing and personal belongings. However, a respondent considered that there were insufficient staffing levels and particularly in an emergency situation at night time. The person in charge confirmed that she had authority to engage additional staff if she considered this necessary.

The experiences of residents were monitored to enhance the quality of care provided. They had good access to nursing, medical and allied health care and the administration of medicines was satisfactory.

In general, residents' assessed needs and arrangements to meet these assessed needs were set out in individual plans, however, there were some omissions and some were not up-to-date. Management and staff were active in addressing these issues when they were highlighted during the inspection.

There were measures in place to protect residents from being harmed or suffering abuse. In the main, the inspectors observed that residents had opportunities to participate in activities, appropriate to their interests and capacities, however, a resident considered "the day to be long".

Policies, procedures, systems and practices were in place to assess, monitor and analyse potential risks with a view to controlling/minimising them. However the inspectors found some risks which had not been identified/controlled by the centre's processes.

Since the last inspection substantial progress had been made with regard to the redecoration of the centre and reconfiguring some rooms in order to provide improved outcomes for residents.

Overall, from an examination of the day time staff duty rota, communication with residents, relatives and staff inspectors found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. There was evidence that staff had access to education and training, appropriate to their role and responsibilities.

The centre was largely in compliance with the Regulations. The Action Plan at the end of this report identifies areas where improvements are required to comply 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.



**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 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:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a written statement of purpose which detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations. It had been reviewed and updated and was available to the inspectors prior to and during the inspection. The provider was aware of the need to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that there was a clearly defined management structure that identifies the lines of authority and accountability, specified roles and details

responsibilities for the areas of care provision. This was outlined in the statement of purpose, and staff were familiar with their duty to report to line management.

Management had systems in place to capture statistical information in order to compile an annual review of the quality and safety of care delivered to residents. For example audits were carried out and analysed in relation to accidents, complaints, medication management and skin care. Aspects were then highlighted for further improvement, such as training for staff in promoting good quality end of life care. A copy of the annual review was given to the inspectors and there was evidence that residents' and relatives' views were considered.

Regular residents meetings occurred and were recorded identifying discussions which took place and suggestions for future improvement for example the provision of an alternative quiet dining area.

Interviews of residents and relatives during the inspection and questionnaires completed and returned to the Authority from residents and relatives were positive in respect of the provision of the facilities and services and care provided with the exception of, a respondent who considered that there were insufficient staffing levels, particularly at night time. The inspectors did not have evidence to corroborate this viewpoint as staff on duty confirmed that staffing levels were adequate and the person in charge told the inspectors that she had the authority to engage additional staff as necessary.

**Judgment:**

Compliant

***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:**

A guide in respect of the centre was made available to residents and a copy provided for the Authority.

Inspectors examined randomly a selection of residents' contracts. These had been agreed with the residents and or their family and included details of the services provided and the fees charged.

**Judgment:**

Compliant

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**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):**  
No actions were required from the previous inspection.

**Findings:**  
The centre was being managed by a suitably qualified and experienced nurse who has authority in conjunction with the operations manager and is accountable and responsible for the provision of the service.

She is a registered nurse and has experience of working with older persons. She has worked full time in the centre since February 2005. During the inspection she demonstrated that she had knowledge of the regulations and Standards pertaining to the care and welfare of residents in a designated centre. She is supported in her role by nursing, care, administration, maintenance, kitchen and domestic staff, who report directly to her and she in turn to the registered provider.

The person charge and the staff team facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions. Staff confirmed that good communications exist within the staff team.

**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:**

The inspectors found that in the main, the records listed in the legislation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval for example: –

- Documents to be held in respect of members of staff. – A full employment history together with a satisfactory history of any gaps in employment and a reference was not available for one member of staff. However, on 25 November 2014 the person in charge confirmed per telephone that this information was available and a copy was forwarded to the Authority. A vetting disclosure has been forwarded to the National Vetting Bureau in respect of one staff member and management are awaiting a response.
- Individual assessments and care plans for residents were available, however, there were some omissions and some were not up-to-date. See outcome 11 for action plan.
- The centre's insurance was up to date and provided adequate cover against accidents or injury to residents, staff and visitors.
- There were records of the fire practices, fire drills and tests of the fire equipment, food provided and visitors to the centre.
- The directory of residents included all the information specified in Schedule 3
- The registered provider confirmed in the application that all the written operational policies as required by schedule 5 of the legislation were available. Inspectors verified this on a random basis.

**Judgment:**

Compliant

***Outcome 06: 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:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider and person in charge were aware of their responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during her absence. The deputising person in charge is a nurse with a minimum of 3 years experience in the area of geriatric nursing with in the previous 6 years and has experience of deputising when the person in charge was not available. Inspectors were informed that forward planning is in place in relation to this matter.

**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):**

No actions were required from the previous inspection.

**Findings:**

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Staff were fully knowledgeable regarding reporting the procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Great emphasis was placed on residents' safety with the installation of key pad door locks and hand rails in all the corridors. Some residents during interviews confirmed that they felt safe. An enclosed safe outdoor space laid out in lawn and paving with seating was accessible to the residents.

**Judgment:**

Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

In the main, the health and safety of residents, visitors and staff was promoted and protected.

A risk management policy, procedure and systems were in place to assist in the identifying, assessing and taking precautions to control/minimise risks. However an examination of the premises highlighted the following risks: –

- Electric wires were exposed in a cable attached to an electric profile bed.
- Fire exits number 4 and 7 were isolated. However, when this was brought to the attention of staff it was immediately rectified.

The inspectors examined the records of accidents and incidents. In order to minimise the risk of re-occurrences action plans had been devised and put in place outlining the measures to be adopted to prevent accidents. For example, residents' mobility needs were risk assessed to indicate the equipment necessary and the number of staff required to safely transfer residents by hoist, profiling beds which could be lowered to floor level, and alarm mats were in place as necessary.

A competent person employed by the provider forwarded to the Authority written confirmation that the designated centre had been inspected in relation to fire safety on the 14 July 2014 and was in compliance with fire safety and building control regulations.

The maintenance staff member carried out regular inspections of the designated centre in respect of fire safety and maintenance and kept records detailing areas to be addressed and action taken.

In the records there was evidence of an external company testing and maintaining the fire alarm system and fire equipment.

The fire plan was displayed in various parts of the building. There were magnetic hold open devices on internal doors. Emergency lighting was provided throughout the building.

While there was evidence of extensive opportunities for staff to participate in fire safety and staff demonstrated that they were knowledgeable regarding fire prevention and safety inspectors considered that there was insufficient training of night staff to evacuate fire zones/compartments which accommodated residents assessed as having high to maximum dependency levels.

There was an up-to-date health and safety statement and an emergency plan which outlined the procedures to follow in the event of loss of electric power, flood, gas leak or security concerns. Some staff who communicated with the inspectors were aware of the emergency plan, and the location which would be used in the event of an evacuation.

The inspectors saw and communicated with household staff members responsible for carrying out cleaning duties in the centre. They described the equipment and methods used to clean communal areas, residents' bedrooms, procedures adopted to prevent and control infections and dealing with spills. The laundry staff member described the systems in place to manage clean and dirty laundry and managing infected or soiled items. These were in accordance with good practice guidance.

**Judgment:**

Non Compliant - Major

**Outcome 09: Medication Management**

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspectors were informed by a staff nurse administering medicines to residents that the medication policy and procedures were useful guides in the management of residents' medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

Prescription and administration sheets were available. Prior to administering medicines to residents the inspectors observed the staff nurse consulting with residents. There was evidence of GPs reviewing residents' medicines on a regular basis. The inspectors were informed that an audit of the system had been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspectors examined medicines available and this corresponded to the register.

**Judgment:**

Compliant

**Outcome 10: 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

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

No actions were required from the previous inspection.

**Findings:**

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspectors found that incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify the Authority of notifiable incidents within three days. Quarterly reports were provided, where relevant, for example accidents, incidents involving evacuation.

**Judgment:**

Compliant

**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):**

No actions were required from the previous inspection.

**Findings:**

From an examination of a sample of residents' care plans, discussions with residents, relatives and staff the inspectors were satisfied that in the main the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. For example, there was information which detailed residents' choices with regard to daily routines, risk assessments such as dependency, moving and handling, falls, use of bed rails, nutrition, continence and the risk of pressure sores.

An examination of some care plans showed that they were not fully up-to-date as outlined below:

- Assessment and recordings in respect of residents' personal hygiene did not identify residents' preferences for a bath, shower or bed bath/wash and if these were refused or otherwise.
- A pain management assessment was not up-to-date.
- A record did not identify alternative interventions.
- An assessment had not been carried out regarding the elevation of a resident's legs.

Generally there was evidence of appropriate medical and allied health care for example, referrals to the dietician, occupational therapists and specialists in wound care. However, inspectors noted that there was a delay in a follow up review of a resident with a high risk of falls.

An activity coordinator leads the staff in the development of social care planning. The

inspectors saw that there were opportunities for residents to participate in activities, appropriate to their interests and preferences. Some residents told the inspectors about participating in spiritual activities which were meaningful to their lives and about a forthcoming remembrance service while others talked about the bingo sessions, art classes and the exhibition throughout the centre of their artwork, outings with their family members, entertaining visitors and other low-key activities such as reading the local newspaper and books and watching television.

There were systems and practices operating regarding restraint and where restraint was used as an enabler for example, the use of bedrails and personal alarms to keep residents safe. The documentation showed consultation with the resident or the resident's relative, the general practitioner and the nurse in charge. A review process was in place.

**Judgment:**

Non Compliant - Moderate

***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):**

No actions were required from the previous inspection.

**Findings:**

An examination of the centre showed that it was suitable for its stated purpose and provides a comfortable and homely environment for residents.

The centre is a single-storey building with 33 single bedrooms with full ensuite en-suite (shower, wash-basin and toilet), 3 twin bedrooms with full ensuite, one twin bedroom rooms with wash hand basin and a triple bedroom with 2 wash hand basins. In addition there is an assisted bathroom.

There are a couple of communal rooms including a spacious room, which is also used for recreational activities and events and a visitors' room where residents can have a meeting in private. A large foyer area is furnished with comfortable seating and there are seating alcoves around the building.

Other facilities include 3 rooms to attend to residents' laundry, a treatment, sluice, cleaning rooms and an oratory.

Catering staff prepares residents' food and meals in the main kitchen located next to a large dining room. There is also a separate kitchenette should residents or relatives wish to make a meal or snack.

Externally there are adequate car parking spaces and a courtyard garden for safe use by residents.

Since the last inspection substantial improvements regarding the redecoration of the premises had been carried out and different areas named. Some residents expressed their satisfaction with the refurbishments and commented on the pleasant outlook from the centre. However, inspectors noted that the windows were not clean. Residents considered the furnishings pleasant and comfortable.

**Judgment:**

Non Compliant - Minor

***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

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

No actions were required from the previous inspection.

**Findings:**

There was a written operational policy and procedure relating to the making, handling and investigation of complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position and some residents and relatives were aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction. The inspectors examined the complaints record and this showed that of the complaints investigated there were details and an outcome for the complainant. However, the inspectors found that not all complaints (a statement/expression of unhappiness or dissatisfaction about something) were recorded in the record of all complaints even though they have been satisfactorily addressed.

**Judgment:**

Non Compliant - Minor

***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

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

No actions were required from the previous inspection.

**Findings:**

At the time the inspection there were no residents receiving end of life care. Written confirmation was provided in the form of a self-assessment questionnaire on end of life care completed by the provider and person in charge and forwarded to the Authority prior to the inspection detailing staff training. This consisted of external agencies and in-house training. Staff from a variety of designations were trained in the end of life policy and nursing staff were trained by an external agencies. A staff nurse on duty told the inspectors of the range of aspects regarding end of life care for example medication management, symptom/pain management, palliative care and spirituality, An examination of care plans showed that residents have an end of life care plan, which is reviewed on a 3 monthly basis or as necessitated. Inspectors were informed that arrangements are in place to access specialist palliative care services.

**Judgment:**

Compliant

***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

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

No actions were required from the previous inspection.

**Findings:**

Residents were provided with food and drink at times and in quantities adequate for their needs. The inspectors observed the lunchtime meal and saw that the food was properly served, was wholesome and nutritional. Menus showed a variety of choices and meals. Staff offered assistance to residents in a discreet and sensitive manner. Residents confirmed their satisfaction with mealtimes and food provided. Since the last inspection a quiet dining space had been developed in addition to the main large dining room for those residents who required extra support. The inspectors heard that residents had benefited from this development including an improved appetite.

Training record showed that staff had been trained in good nutrition in the elderly. This included weight loss and gain, what to do when changes occur, dysphagia and the completion of food and fluid record. Staff members confirmed that there was good communication between catering and care staff so as to ensure appropriate meals which met residents' needs were served. Documentation in the residents' care plans examined by the inspectors showed that residents were weighed on a monthly basis and appropriate action taken as necessary.

**Judgment:**  
Compliant

***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.***

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
There was evidence that residents were consulted with and had opportunities to participate in the organisation of the centre in that residents' meetings had been set and took place on a regular basis.

The inspectors saw that residents' privacy and dignity was respected and personal care was provided in their own ensuite bedrooms and they could receive visitors in private.

Many residents were able to make choices about how they lived their lives in a way that reflected their individual preferences for example, going to the dining room for their lunchtime meal or having it in the privacy of their own bedroom.

**Judgment:**  
Compliant

***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.***

<p><b>Theme:</b> Person-centred care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> There was a policy on resident's personal property and possessions. The inspectors saw that there was adequate space provided for residents' personal possessions and they had a locked facility in their bedrooms. A record was kept of residents' personal property. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.</p>
<p><b>Judgment:</b> Compliant</p>

***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.***

<p><b>Theme:</b> Workforce</p>
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<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> From an examination of the staff duty rota, communication with residents and staff the inspectors found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. Currently a member of staff is off on planned leave and the post is advertised, however, in the meantime core staff are working additional hours to cover the vacancy. The person in charge confirmed that she had the authority to request core staff to work additional hours in the event of an emergency situation for example if residents' health condition was deteriorating. This was confirmed by the provider during the post inspection review.</p> <p>In discussions with staff, they confirmed that they were supported to carry out their work by the provider and person in charge. The inspectors found them to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care.</p>
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There was evidence that the most recently recruited staff member had participated in induction training and there was a training programme in place. Staff had up-to-date mandatory training and access to education and training to meet the needs of residents.

**Judgment:**  
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:***

Siobhan Kennedy  
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>	Carlingford Nursing Home
<b>Centre ID:</b>	OSV-0000121
<b>Date of inspection:</b>	20/11/2014
<b>Date of response:</b>	16/01/2015

### 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 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:

The following risks were not identified:

- Electric wires were exposed in a cable attached to an electric profile bed.
- Fire exits number 4 and 7 were isolated.

#### 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

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

the designated centre.

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

- The cables have been replaced and are arranged in such a way so as to protect them from future damage.
- On Wednesday 19th November Fire Training was conducted on the premises and two fire exit doors were isolated during a drill. This error was immediately corrected on discovery during the inspection. A check of the fire doors has been added to our Fire Drills Checklist to ensure that there will not be a repeat of this error.

Proposed Timescale:

- 21st November 2014
- The doors were re-connected on the 20th November 2014 and this issue was added to our Fire Drill checks on the 21st November 2014

**Proposed Timescale:** 21/11/2015

**Theme:**

Safe care and support

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

Evacuation procedures had not been trialled with night time staffing levels in fire compartmentalised zones which accommodated residents assessed as having high to maximum dependency levels.

**Action Required:**

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Although several night time scenario evacuation drills have taken place in the home, none had been done recently in the zones identified by the inspector. A drill has been arranged for these zones with night time staffing and scenarios for 18th December.

**Proposed Timescale:** 18/12/2014

**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:**

An examination of some care plans showed that they were not fully up-to-date as follows:

- Assessment and recordings in respect of residents' personal hygiene did not identify residents' preferences for a bath, shower or bed bath/wash and if these were refused or otherwise.
- A pain management was not up-to-date.
- A record did not identify alternative interventions.
- An assessment had not been carried out regarding the elevation of a resident's legs.

**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:**

- The care plan of the resident in question has been reviewed and was found to be accurate in terms of his personal hygiene preferences. However we have amended the daily nursing notes to accommodate an accurate recording of either, bath, shower, bed bath or refused.
- The pain management of the resident in question has been up-dated.
- The record has been amended and the issue of incomplete forms has been added to the agenda of the next nurses meeting.
- We have completed a clinical risk assessment and controls have been put in place to reduce risk.

Proposed Timescale:

- The care plan was reviewed on the 21st November and the new format of the daily nursing notes was implemented on the 25th November 2014.
- This was up-dated on the 20th of November 2014.
- The record was up-dated on the 20th November 2014 and the next nurses meeting is set for the 21st January 2015.

The assessment was completed on the 21st November 2014.

**Proposed Timescale:** 21/01/2015

**Theme:**

Effective care and support

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

There was a delay in a follow up review of a resident with a high risk of falls.

**Action Required:**

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

A previous review was found to have taken place later than the identified due date by 3 weeks.

All residents who are assessed as being at high risk of falls have had their documentation reviewed and all are in date and correct. The review dates of these residents have been inserted into the nurses diary to ensure prompt reviews going forward.

**Proposed Timescale:** 04/12/2014

**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:**

The windows were not clean.

**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:**

Our windows are cleaned four times per year. On occasion very poor weather causes the windows to get dirty in between the scheduled cleans. The windows were scheduled to be cleaned in early December for Christmas. However following the inspection we moved this job forward and commenced on the 21st November 2014.

Proposed Timescale:

All the windows were cleaned by the 23rd November 2014

**Proposed Timescale:** 23/11/2014

**Outcome 13: Complaints procedures****Theme:**

Person-centred care and support

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

All complaints (a statement /expression of unhappiness or dissatisfaction about something) were not recorded in the designated complaints record.

**Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

We now have commenced documenting all concerns in the back of our complaints file to ensure that details of both complaints and concerns are held in a central location.

**Proposed Timescale:** 04/12/2014