

**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>	Philip Daughen;
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	37
<b>Number of vacancies on the date of inspection:</b>	7

## **About monitoring of compliance**

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

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

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 20 April 2015 10:00 To: 20 April 2015 14:30

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

Outcome 08: Health and Safety and Risk Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures

**Summary of findings from this inspection**

The purpose of this inspection was to ascertain the progress in relation to the matters identified for action arising from the renewal of registration inspection which was carried out on 20 November 2014.

These matters related to health and safety and risk management, health and social care, safe and suitable premises and the complaints procedure.

Inspectors found that all the matters identified in the previous inspection report had been satisfactorily actioned.

The evidence from this inspection will inform the registration renewal decision.

**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 08: Health and Safety and Risk Management  
The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

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

**Findings:**

During the previous inspection the inspectors found that the electrical wires were exposed in a cable attached to an electric profile bed.  
This matter had been satisfactorily addressed and no electrical wires were exposed.

Upon walking through the centre, inspectors checked the final exits of the building in order to follow up on the failing identified on the previous inspection where the electromagnetic locks on two final exit doors were isolated from the fire detection and alarm system. In this situation the fire doors were not openable in the direction of escape without the use of a key. Inspectors found on this inspection that none of the doors were isolated and all appeared to be connected to the fire alarm system. Staff confirmed that this is now checked as part of their regular fire checks on site.

It was identified on the previous inspection that evacuation procedures had not been trialled with night time staffing levels in fire compartments which accommodated residents assessed as having high to maximum dependency levels. Staff working at night time had participated in fire safety training and evacuation drills.

Inspectors noted in one instance where one of the doors on a double door final exit was binding on its frame and required considerable force to open it. This was brought to the attention of staff.

Inspectors noted that while in the main, fire doors were provided throughout the designated centre, there were two instances where the self closer had been removed from a fire door and one case where the fire door had been held open by furniture.

Inspectors noted in the service records for the fire alarm system provided adjacent to the panel that the fire alarm appeared to be serviced on a six monthly basis, and not on a quarterly basis as stipulated in Section 9.2 of Irish Standard IS 3218:2013 Fire Detection and Alarm Systems for Buildings – System Design, Installation, Commissioning, Servicing and Maintenance. However it was noted that the fire alarm

had been serviced within the previous three months of the date of inspection.

**Judgment:**

Substantially 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):**

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

**Findings:**

During the previous inspection an examination of some care plans showed that they were not fully up-to-date as follows: –

- Assessment and recordings in respect of resident's personal hygiene did not identify residents preference 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.

Inspectors examined a number of care plans and all of the above matters had been addressed.

Previously there was a delay in a follow up review of a resident with a high risk of falls. Inspectors found that residents who were assessed as being at high risk of falls had had their documentation reviewed and all were up to date.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

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

**Theme:**

Effective care and support

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

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

**Findings:**

Inspectors found that the windows throughout the designated centre were clean.

**Judgment:**

Compliant

***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):**

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

**Findings:**

Inspectors examined the complaints records and found that all complaints (a statement/expression of unhappiness or dissatisfaction about something) were recorded in the designated complaints record.

A complaint which had been investigated resulted in a good outcome.

**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>	20/04/2015
<b>Date of response:</b>	25/05/2015

### 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:

Two fire doors were observed as having had their self closers removed and one fire door was observed as having had its self closer disabled through the use of furniture to hold it open.

#### Action Required:

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

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

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

The fire door closers identified are now in place.

**Proposed Timescale:** 25/05/2015

**Theme:**

Safe care and support

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

The service schedule of the fire alarm by a competent person was identified as being twice a year as opposed to four times a year which is the required frequency in Irish Standard IS 3218:2013

**Action Required:**

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

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

A revised service and maintenance contract is in place ensuring our compliance with the required 4 visits per year frequency.

**Proposed Timescale:** 25/05/2015