

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Conna Nursing Home
Centre ID:	OSV-0004447
Centre address:	Conna, Cork.
Telephone number:	058 59 876/59 888
Email address:	connanursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Conna Nursing Home Limited
Provider Nominee:	Pat Beecher
Lead inspector:	Mary O'Mahony
Support inspector(s):	Aoife Fleming
Type of inspection	Unannounced
Number of residents on the date of inspection:	48
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make 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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 28 September 2015 08:50 To: 28 September 2015 17:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Non Compliant - Moderate
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Non Compliant - Major
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 14: End of Life Care	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This follow up inspection of Conna Nursing Home by the Health Information and Quality Authority (the Authority) was the ninth monitoring event of the centre since 2009. The centre had applied for a change of entity from a partnership to a company. The most recent inspection in April 2015 was an 18 Outcome inspection. This inspection was an unannounced follow up inspection on the actions arising from the findings of that April inspection.

Conna Nursing Home was a single-storey, purpose-built centre which provided continuing care, respite and convalescence care for older adults. It was located on the edge of Conna village in a rural and scenic location. There were 48 older adults in residence at the time of inspection. The entrance to the centre comprises of

extensive grounds which were landscaped and well maintained. The main entrance was bright and spacious with several seating areas. There was a nurses' station, dining room, lounge, library, oratory, smoking area, hair salon and therapy room, located off a central foyer. There were 18 single bedrooms and three twin-bedded rooms with en suite facilities and a further 24 single rooms sharing en suite facilities. There were two single bedrooms without en suite facilities.

Since the previous inspection the provider had recruited a new deputy person in charge and a clerical staff member. Throughout the inspection inspectors met residents, family members, and a number of the management and other staff members. Residents and family members were appreciative of the care provided in the centre and of the activities which were organised on a regular basis. Staff were seen to be attentive and knowledgeable about the residents and were observed interacting with residents in an attentive manner.

On this follow up inspection, inspectors viewed a number of improvements, which are highlighted throughout the report. However, there were findings of non compliance under certain outcomes, for example, documentation, notifications, medication management, information for residents, complaints procedures and governance and management. An action plan to address these non compliances was issued to the provider.

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):

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

Findings:

There was a written statement of purpose in the centre that had been updated since the previous inspection and was now in compliance with Regulations.

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):

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

Findings:

During this inspection there was a clearly defined management structure in place. The person in charge informed inspectors that a new deputy person in charge had been appointed. This member of staff was interviewed on inspection and was found to be an experienced nurse with management experience.

Inspectors saw minutes of staff meetings which were being undertaken on a regular

basis. Inspectors viewed documentation of meetings with each group of care staff which had been held since April 2015. There was evidence of consultation with residents and relatives in the minutes of residents' and their representatives' meetings.

Similar to findings on the previous inspection a yearly review of the quality and safety of care had not been undertaken. This was identified on the 2012 inspection and on that inspection the provider had stated that this action would be completed by 1 October 2012. The person in charge stated on this inspection that the annual review would be completed in December 2015.

Inspectors were informed that an auditing system had commenced on health and safety issues, on the Standards set by the Authority and on infection control. However, the audit on medication management as discussed with staff on the previous inspection had yet to be commenced. This was issue was addressed under Outcome 9: Medication management.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Additional information in relation to any extra fees to be charged to residents had not been included in residents' contracts, as required by Regulations.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Inspectors viewed new proposed care plan documentation which the provider had sourced since the previous inspection. An updated suite of policies had been developed for the centre and the person in charge stated that these were being introduced to staff, who signed when they had read and understood each policy. The end of life policy had been updated since the previous inspection.

However, similar to findings on the previous inspection, inspectors noted that adequate daily narrative notes were not being maintained in residents' care plans, as required by An Bord Altranais agus Cnaimhseachais na hEireann Guidelines on Recording Clinical Practice 2002 (7.4) and Schedule 3 (4) (c) of the Regulations. In addition, a comprehensive nutrition record had not been maintained for a nutritionally compromised resident as required under Schedule 3 (4) (b) of the Regulations. This will be addressed under Outcome 11: Healthcare needs. These were discussed with the person in charge at the feedback meeting at the end of the inspection.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Suitable deputising arrangements were in place for the absence of the person in charge. The provider was aware of the Regulatory requirement to notify the Authority of any such absence exceeded 28 days and of the return of the person in charge to the centre.

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

Findings:
On this inspection, inspectors found that there was a robust system in place to safeguard residents' finances. For example two people signed for any financial transactions that took place. Training in the prevention of elder abuse was scheduled for November and December and this was undertaken on a yearly basis by staff.

Residents who exhibited behaviour that challenged had plans of care in place. However, not all of these were updated or comprehensive. This issue was addressed under Outcome 11: Healthcare needs. Staff were trained in managing behaviours that challenge and staff with whom inspectors spoke were knowledgeable of de-escalation techniques.

A restraint log was maintained for residents who required bed rails and lap belts since the previous inspection. Consent forms were signed for the use of same and discussed with residents' representatives, where necessary. However, a resident who had been prescribed psychotropic drugs, in response to an episode of behaviour that challenges, did not have a corresponding plan of care, outlining alternatives to the medication and distraction techniques which could have been attempted by staff. This issue was addressed under Outcome 11: Healthcare needs. Inspectors found that this use of restraint had not been notified to the Authority. In addition, an alleged potential abusive incident between residents, had not been notified to the Authority. These were addressed under Outcome 10: Notifications. Furthermore, inspectors observed that a safeguarding plan had not been put in place for residents involved, in line with the centre's policy on elder abuse.

Judgment:
Non Compliant - Moderate

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

Theme:

Safe care and support

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

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

Findings:

During this inspection, inspectors observed that there was an updated health and safety statement in the centre. The person in charge informed inspectors that issues of health and safety were discussed at staff meetings. A health and safety representative had been identified in the centre and appropriate training for the role had been afforded to the staff member involved.

The risk management policy incorporated the controls required for the risks specified under Regulation 26 (1) (c). Hazard identification and assessment of risks throughout the centre was more robust than on the previous inspection. There was a risk register in the centre which was being augmented as new risks were identified.

The environment in the centre was generally clean and well maintained. Clinical waste, such as, soiled wound dressings, was now disposed of in accordance with infection control guidelines. New bedpan washers had been installed since the previous inspection and the sluice rooms had been upgraded to a high standard. Staff informed inspectors that this was an improvement on the previous system. There were adequate supplies of aprons and gloves in the sluice room. During this inspection, inspectors observed that the sluice rooms were locked and that the trollies with supplies of linen were stored in a clean store room.

Suction machines and nebulisers were cleaned on a regular basis and nebuliser masks were stored appropriately in the treatment room. Inspectors viewed these cleaning records. A large cupboard had been installed in the communal bathroom for discreet storage of care items. Inspectors noted that residents' communal toilets were now identifiable as being for residents' use only and new locked storage cupboards had been installed here also. Personal items were labelled for individual residents in the shared en suite bathrooms. Inspectors viewed training records which indicated that staff had been afforded training in infection control, since the previous inspection, The person in charge informed inspectors that a further training session was scheduled for 30/11/15. Records confirming this were shown to inspectors.

Fire safety awareness training had been conducted each year and was seen by inspectors to be scheduled for November and December 2015. This included a demonstration of the use of fire fighting equipment. Inspectors noted that fire drills were held at frequent intervals. In addition, inspectors reviewed fire safety records that demonstrated the appropriate maintenance of fire safety equipment, the fire alarm system and emergency lighting. There were adequate measures in place for reviewing fire safety through fire safety checks. The fire exits were seen to be unobstructed on the days of inspection. There were records available of fire drills and staff members to whom inspectors spoke were knowledgeable of what to do in the event of a fire. Fire door wedges were no longer in use in the centre and appropriate door closure systems

had been installed, where necessary.

Judgment:

Compliant

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):

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

Findings:

The medication storage arrangements were reviewed and medications were found to be stored securely. However, some medicated creams which required refrigeration were stored in a press.

A check of the controlled drugs in stock and the documented balances was conducted and these corresponded accordingly.

Medications on the trolleys were reviewed. Efforts had been made to ensure that out of date or medications which were no longer prescribed were returned to the pharmacy or disposed of. However, a blister pack of a painkiller was found without a dispensing label and several other medications which were no longer prescribed for the resident were still stored in the medication trolley. In addition, a PRN (as required) medication on the medication trolley had the incorrect administration instructions on the dispensing label which posed a risk of medication error to the resident. This was amended by the close of inspection. Furthermore, the medication prescription sheets were reviewed and not all maximum daily doses for PRN (as required) medications were documented by the prescriber.

Some incidents of medication errors or near misses had been documented in a notebook. However, the full details around these incidents had not been recorded in sufficient detail, to establish whether or not any action or learning from the incidents had been implemented, to prevent reoccurrences. In addition, since the previous inspection, there had been no medication audits conducted to ensure safe practices in medication management.

Judgment:

Substantially 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):

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

Findings:

Since the previous inspection the person in charge had submitted notifications to the Authority as required by the Regulations. A record of all incidents occurring in the centre was maintained.

However, inspectors found that notifications had not been submitted to the Authority following two of the incidents reviewed by inspectors:

- one incident concerned an issue of alleged abuse
- a second concerned a resident who suffered a fall and required hospitalisation. The resident involved had sustained a minor fracture.

These notifications were submitted post inspection.

The person in charge stated that as she now had administration support, notifications would be submitted in a timely manner in the future.

Judgment:

Non Compliant - Major

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

Inspectors observed that the care plans were now individualised and new

documentation had been sourced since the previous inspection. The evaluation or implementation pages of care plans were updated at regular intervals at least four monthly. However, updates were not always made to the recommendations for care, set out on the first page of the care plan. For example, similar to findings on the previous inspection, a resident who had a significant weight loss since March 2015 did not have this loss of weight recorded in the narrative notes. In addition, the relevant care plan on nutrition had not been updated since his return from hospital. Food or fluid intake records had not been maintained for this nutritionally compromised resident. These records were commenced during the inspection. Furthermore, a MUST (Malnutrition Universal Screening Tool) score had not been completed for this resident, in line with best practice guidelines. While the weight of this resident was recorded regularly, inspectors noted that it had decreased significantly in a year. During this inspection a referral was made to the dietician for this resident, by the clinical nurse manager.

Inspectors noted that a resident who had a serious infection in a leg wound had been commenced on antibiotics. However, inspectors noted that the care plan for the infection was generic in nature, was not dated and did not contain details of the antibiotic or any relevant care instructions. In addition, inspectors observed that care plans for those residents with behaviour that challenges were not adequately detailed and did not promote a person centred approach to addressing each resident's needs. However, inspectors noted that the care plan for a another resident had been improved since the previous inspection and now provided guidelines and alternatives to staff when any behaviour that challenges arose.

Residents' medical and nursing assessments were included in their nursing notes and were updated regularly. Residents had a choice of general practitioner (GP) and pharmacist. There was evidence that care plan evaluations had been discussed with residents and residents had signed these where possible. Relatives' signatures were also noted where residents were unable to sign. There was evidence of multidisciplinary access in the care plans such as speech and language therapist (SALT) and dietician. For example, inspectors noted that one resident had been seen by the SALT and the dietician, where this had been identified as an issue to be addressed during the previous inspection.

There was a variety of social events and activities in the centre. Residents were seen sitting in groups in the hall and sitting room chatting and socialising. Health was promoted by a wholesome and varied diet and there was regular monitoring of each resident's health status. Inspectors observed that residents were encouraged to maintain their independence whenever possible. For example, residents were seen freely walking around the building using various mobilisation aids, where necessary and they spoke with inspectors about the choices available to them on a daily basis. They were also seen to actively join in with chair based activity exercises and were seen to be familiar with the activity staff member and the exercises she was demonstrating.

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):

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

Findings:

The centre was a purpose-built single storey building and inspectors observed that it was furnished and decorated to a high standard throughout. The high ceilings in the foyer and natural light coming in through the large windows facilitated a sense of space and brightness in the centre. The design and layout of the premises promoted the residents' independence and wellbeing. There were three corridors of bedroom accommodation in the centre, Douglas suite, Aghern suite and Castle suite. Landscaped gardens and courtyards with suitable seating were available for residents' and relatives' use. There was an oratory for prayer and religious ceremonies in the centre.

The kitchen was clean, well stocked and well managed. The chef demonstrated a good knowledge of the dietary requirements of residents. Inspectors observed a good standard of cleanliness and residents reported satisfaction with the facilities provided and stated that they had a sense of safety and security. There was a large communal sitting room in which activity staff members were seen to be engaged with a large group of residents. There was a nicely decorated library in the centre which was furnished with tables and comfortable armchairs. There was a hairdressing salon on the premises which was locked on this inspection. Closed circuit TV (CCTV) cameras had recently been installed in the resident corridor areas and a policy had been developed to support its use in line with data protection guidelines since the previous inspection.

While most of the bedrooms in the centre were single occupancy there were a number which were double occupancy. Some bedrooms had a shared 'en suite type' bathroom. Inspectors observed that the door locking mechanism, in place to protect one resident from entering the bathroom while another resident was inside, had been repaired since the previous inspection. In addition, the toiletries in these shared bathrooms had been marked with individual resident's names. Inspectors observed that two of these bedrooms appeared to be small as there was no room at the sides of both beds for a locker or bedside chair. These shared bedrooms measured 16.5sq meters. There was a shared two-door wardrobe in these rooms. As the space to maintain a bedside locker was limited the person in charge showed inspectors the new smaller lockers which were to be installed in these rooms. Inspectors formed the view that residents' privacy and dignity was seriously compromised as there was limited space available for residents' belongings due to the fact that residents were required to share a wardrobe.

Significant improvements had been made to the sluice rooms and the communal toilet areas since the previous inspection as already discussed.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

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

Findings:

There was a complaints policy available for residents and their relatives and the complaints process was outlined in the Resident's Guide. A copy of the complaints procedure was displayed in a sufficiently prominent position in the centre.

Inspectors viewed the complaints log and noted that all complaints had not been recorded, for example one resident had lost a valuable item and the complaint had not been recorded. In addition, inspectors noted that gaps were seen in how the complaints documentation was maintained. The person in charge indicated to inspectors that staff would receive training in the management of complaints.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

On the previous inspection inspectors had found that the policy and care plans on end of life care had not sufficiently addressed the physical needs of individual residents. This had been addressed on this inspection and a new end of life policy was available in the centre.

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.

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:

Most residents had ample space to store their personal belongings with adequate wardrobe and locker space. However, similar to findings on the previous inspection, in two of the double rooms, residents were sharing one wardrobe. Two residents' bedside lockers were not situated beside the bed. These lockers were not easily accessible to the residents involved. The shared wardrobe did not promote the privacy and dignity of residents as items in one side of the wardrobe could be viewed by the other resident or their representative. This was addressed under Outcome 12: Premises.

Lists of residents' possessions were maintained in residents' files. Residents' representatives had been asked to ensure that residents' clothes were labelled. Documentation to support this was seen by inspectors. Bedside lockers were been adapted to include a lockable drawer. Most of these had been completed at the time of inspection.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People)

Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

During this inspection, inspectors viewed a sample of staff files and found that the requirements of Schedule 2 were in place for staff.

There was a staff performance appraisal system commencing. The person in charge informed inspectors that an external agency was engaged to carry out appraisals and support staff supervision.

A sample of the staff roster was seen.

A staff training matrix was maintained since the previous inspection.

Many of the staff in the centre were working there for many years and were familiar with residents and their likes and dislikes. Staff were seen to be kind and caring to residents and attended promptly to residents' requests.

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:

Mary O'Mahony
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 report¹

Centre name:	Conna Nursing Home
Centre ID:	OSV-0004447
Date of inspection:	28/09/2015
Date of response:	18/11/2015

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The provider failed to ensure that there was an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care was in accordance with relevant standards set by the Authority.

1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

To assist us in conducting the annual review we have engaged Hennessy & Assoc. This will be sent to the Chief Inspector by the 31 December 2015 as was stated in the action plan.

Proposed Timescale: 15/01/2016

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

The provider failed to ensure that the agreement referred to in Regulation 24 (1) did not include details of the fees, if any, to be charged for such services.

2. Action Required:

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

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

Contracts of care are currently being updated and will contain details of fees and extra service charges.

Proposed Timescale: 30/11/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Not all the records required to be maintained under Schedule 3 were maintained in the centre for example, the records required under Schedule 3 (4) (c) re updated narrative notes. In addition, a comprehensive nutrition record had not been maintained for a nutritionally compromised resident as required under Schedule 3 (4) (b) of the Regulations

3. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

the Chief Inspector.

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

Care planning and documentation has taken place in September 2015. The importance of recording daily narrative notes has been communicated to nursing staff.

M.U.S.T training is scheduled for 10 December 2015.

All care plans will be reviewed by management on a regular basis.

Proposed Timescale: Care planning – September'15 & M.U.S.T Training – December '15

Proposed Timescale: 10/12/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Safeguarding plans had not been put in place for residents where an allegation of abuse may have occurred.

4. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

A safeguarding plan was put in place directly following the incident which occurred on the 8th of August 2015. All staff have been made aware of potential episodes of challenging behaviour and how to deal with it by close observation and distraction technique.

Proposed Timescale: 08/08/2015

Outcome 09: Medication Management

Theme:

Safe care and support

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

Some creams that required refrigeration were stored in a press.

5. Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

All medicinal products will be stored appropriately.

Proposed Timescale: 01/10/2015

Theme:

Safe care and support

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

There were medications in stock which were no longer actively prescribed for the appropriate resident.

6. Action Required:

Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

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

Medication no longer required by a resident is returned to a pharmacist on a daily basis.

Proposed Timescale: 05/10/2015

Theme:

Safe care and support

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

Not all medications had the maximum daily dose of PRN (as required) medications documented by the prescriber on the medication prescription sheet.

7. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The maximum PRN dose will be included in the GP's prescription.

Proposed Timescale: 10/12/2015

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

Notifications of all relevant incidents had not been submitted to the Authority, as required under Schedule 4 paragraph 7(1)(a) to (j), within 3 working days of its occurrence.

8. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

Incidents & accidents will be reviewed by management on a weekly basis and will be notified to the Chief Inspector within the timeframe required.

Proposed Timescale: 16/11/2015

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:

Not all care plans required under Regulation 5 (3) had been updated and revised at intervals not exceeding 4 months and when changes occurred.

9. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

All care plans are now updated four monthly. Care planning training was completed in September 2015.

Regarding the comment on findings on page 12 of the report, regarding a resident who had significant weight loss on his return from hospital – while this was not included in the daily narrative records it had been recorded in the daily flow sheets and acted upon. i.e. reviewed by the dietician and instructions followed.

Further M.U.S.T training scheduled for December 2015.

Proposed Timescale: Care planning – September 2015 & M.U.S.T training – December 2015

Proposed Timescale: 31/12/2015

Theme:

Effective care and support

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

The registered provider had failed to provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais na hEireann. For example, a resident, who had returned to the centre following a hospital stay, did not have the appropriate documentation completed to reflect his significant weight loss. In addition, his daily intake of food and fluid was not recorded and an appointment with the dietician had not been arranged

10. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais.

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

All nursing staff have been updated on care planning and documentation. Where necessary daily intake of food and fluid will be recorded.

Proposed Timescale: 30/09/2015

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:

Two shared bedrooms did not provide enough space for sufficient furniture for residents. They were required to share a wardrobe and there was no room to have both lockers by the beds or to position a bedside chair for each resident.

11. Action Required:

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

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

Wardrobes have been re designed to ensure that each resident has private space for clothing.

New slim line bedside lockers are now in place.
Chairs are available for both residents.

Proposed Timescale: 30/09/2015

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:

The registered provider had failed to ensure that the nominated person maintained 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.

12. 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:

An amended complaints book has been in operation since October 2015.
All complaints will be dealt with in a timely manner and the outcome will be communicated to the complainant.

Proposed Timescale: 31/10/2015