

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cahermoyle House Nursing Home
Centre ID:	OSV-0000412
Centre address:	Cahermoyle House, Ardagh, Newcastlewest, Limerick.
Telephone number:	069 76 105
Email address:	wbeaton@cahermoylehouse.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Candor Holdings Limited
Provider Nominee:	Martin Lynch
Lead inspector:	Caroline Connelly
Support inspector(s):	Mary Costelloe
Type of inspection	Unannounced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	5

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: 30 August 2016 10:00 To: 30 August 2016 17:15

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report sets out the findings of an unannounced inspection of Cahermoyle House Nursing Home which was undertaken on the 30 August 2016. The centre had a history of a high level of non-compliance identified during previous inspections in July, September and October 2015. An inspection of the centre undertaken in February 2016 identified that there had been significant progress was seen in addressing actions from the previous inspections. This follow-up inspection was carried out to monitor for continued improvement and ongoing compliance with the regulations and standards.

The provider had completed an application to renew the registration of the centre and to register for 40 residents but due to the history of non-compliances the Health Information and Quality Authority (HIQA) had initially issued a notice of proposal to refuse the application for registration renewal. Following numerous meetings and ongoing engagement between HIQA and the provider, changes to the governance and management of the centre and significant improvements seen on the previous inspection in February 2016, HIQA granted registration for 30 residents only. On the previous inspection the assistant director of nursing (ADON) was acting as the person in charge. Following the inspection he was appointed as full time person in

charge and continued to receive significant support and guidance from the management consultants which gave him confidence to take on the role. Since the previous inspection the management consultants continued to provide support and be on site one day per week. There was a newly appointed Clinical Nurse Manager (CNM) who had just commenced her role on the week of inspection the inspectors met with her and she demonstrated knowledge and understanding of her role of the centre and was getting familiar with the residents and staff. The centre had also appointed an administrator who commenced work in June and had put in place more robust systems of document management and ensured easier access and retrieval of documentation.

During the inspection the inspectors met with residents, the person in charge was on leave but the management consultants were on site, the CNM and members of the staff team. Inspectors followed up on the actions required from the previous inspection, observed practices, the physical environment and reviewed documentation such as policies, procedures, risk assessments, reports, residents' files and training records. Inspectors found improvements had continued in a number of key areas since the previous inspection, including care planning, documentation, governance arrangements, medication management, activities and provision of equipment which had a demonstrable effect on improving residents' quality of life. Staff were observed on this, as on previous inspections, to support residents in a dignified, sensitive and warm manner.

Failings identified to be at the level of moderate non-compliance at the previous inspection relating to documentation, absence of the person in charge and governance were now compliant. However there remained moderate non compliance in care planning and premises where a number of areas requiring improvement were identified. Two outcomes were now substantially compliant, which were medication management and staffing. Staffing levels need to be kept under constant review in view of the size and layout of the premises. These areas are detailed in the body of the report, which should be read in conjunction with the action plan at the end of this report.

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 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):

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

Findings:

The provider had completed an application to renew the registration of the centre and to register for 40 residents but due to the history of non-compliances the Health Information and Quality Authority (HIQA) had initially issued a notice of proposal to refuse the application for registration renewal. Following a number of meetings and ongoing engagement between HIQA and the provider, changes to the governance and management of the centre and significant improvements seen on the previous inspection in February 2016, HIQA granted registration for 30 residents only.

Since the last inspection there had been a number of changes to the management team, on the previous inspection the ADON was acting as the person in charge. Following the inspection he was appointed as full time person in charge and continued to receive significant support and guidance from the management consultants which gave him confidence to take on the role. Since the previous inspection the management consultants continued to provide support and be on site one day per week. There was a newly appointed CNM) who had just commenced her role on the week of inspection the inspectors met with her and she demonstrated knowledge and understanding of her role of the centre and was getting familiar with the residents and staff.

The centre had employed a full time administrator and more robust systems were seen by inspectors around the whole management of records including staff files. A new accountant was also in post who attends the centre on a weekly basis.

The person in charge was on leave during the inspection but Inspectors were satisfied to see suitable arrangements were put in place to ensure the on-going management of the centre in his absence. The management consultants were in the centre for two days and had commenced an intense induction programme with the CNM and the clinical training/facilitator would also provide leadership on two days. All were available to staff by phone if any issue arose out of hours.

A very comprehensive annual review of the quality and safety of care and support in the designated centre was undertaken by the management consultants in accordance with the standards. This review was made available to the inspectors and there were a number of recommendations and actions from this review that are currently being actioned. This was seen to be in place at the previous inspection and the provider under the guidance of the management team had invested heavily in training for staff particularly in key mandatory areas such as protection, moving and handling, managing responsive behaviours.

The person in charge demonstrated progress had been made in a number of areas under his control. A new quality management system had been implemented under the guidance of the management consultants and the person in charge was now maintaining and recording key performance indicators on a weekly basis on areas such as restraint, wounds, medication monitoring, incidents and accidents. Inspectors saw that these were on-going.

Overall inspectors saw significant improvements in the overall governance and management of the centre through the addition of quality management systems and a management team with the knowledge to ensure compliance with the regulations to have a demonstrable effect on improving residents' safety and quality of life within the centre.

Judgment:
Compliant

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:
On the previous inspection the assistant director of nursing (ADON), who had significant experience in supporting residents with mental health needs, was acting as the person in charge at the time of the inspection and for the three weeks prior to the inspection. He told the inspectors that he was receiving significant support and guidance from the management consultants which gave him confidence to take on the role. The inspectors interacted with the current person in charge throughout the inspection process. There was evidence that the person in charge was engaged in the governance, operational management and administration of the centre on a day-to-day basis. Inspectors were satisfied that he was a registered nurse, was suitably qualified and had a minimum of

three years experience in nursing of the older person within the previous six years, as required by the regulations.

Following the last inspection the ADON was appointed as person in charge and continued to receive support and guidance from the management consultants. The person in charge was on leave during this unannounced inspection but through on-going interactions between him and inspector he had demonstrated his knowledge of his roles and responsibility and meeting the regulatory requirements. Staff and residents all identified him as the person who had responsibility and accountability for the service and said he was very approachable and were confident that all issues raised would be managed effectively.

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:
On the previous inspection documents maintained under Schedule 2 required improvement the inspectors found that there was no vetting disclosure available for one member of staff, unidentified gaps were found in CV's and qualifications were not in staff files as required by schedule 2 of the regulations. The person in charge said he was aware of the shortcomings in relation to staff files and was currently implementing a system to ensure all the required documentation was available and a more robust recruitment system was implemented. On this inspection there were significant improvements in the management of staff files. The administrator had implemented a more robust system of file management and staff files viewed by the inspectors including files of newly recruited staff contained all requirements of schedule 2. They were also filed in a systematic way allowing ease of access and retrieval.

On the previous inspection documents under schedule 3 required review in that on the previous inspection the risk management policy for the centre stated that "an incident report shall be completed by the staff member who identified the incident". The

assistant director of nursing at that time outlined that the centre had changed the way incidents were being reported and recorded from a paper system to an electronic system. However, care staff did not have access to the electronic system and had to report incidents verbally to nursing staff. Either nursing staff or senior nursing management then had to complete the electronic record. This was not in keeping with the centre's risk management policy. In addition, inspectors were not satisfied that this system could ensure that all incidents occurring in the centre were being accurately recorded and managed. On this inspection the inspectors saw that there had been an addition of a paper based report form which all staff can complete to ensure compliance with their policy and accuracy of recording. This information is transferred to the electronic system and there was evidence that all details were recorded and were reviewed by the person in charge. Accidents and incidents were seen to be recorded in the weekly key performance indicators and were subject to three monthly reviews.

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

Findings:
On the previous inspection the deputy person in charge was acting in the position of person in charge. At the time of inspection the position of deputy person in charge was not filled. Senior nurses formed part of the nursing complement and they took responsibility for care and welfare of residents when they were on duty.

On this inspection the person in charge was on leave and the inspectors saw that adequate arrangements were put in place to cover for his absence. The management consultants were on site two days and the clinical facilitator was also in the centre two different days providing managerial cover. The provider had also appointed a CNM who commenced her role on the week of inspection. The inspectors met with her and she demonstrated knowledge and understanding of her role in the centre and was getting familiar with the residents and staff. She was currently undertaking an intense induction process put in place by the management consultants in collaboration with the person in charge.

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 the previous inspection the inspectors saw that the person in charge maintained a restraint register as part of his quality monitoring system and key performance indicators. There was evidence that comprehensive assessments had been put in place for the use of bed-rails in the centre and the inspector reviewed the assessments which clearly outlined the rationale for the use of restraint and outlined alternative to restraints tried and reasons for non use of same. Comprehensive person centred care plans were seen to be in place for restraint usage. However there were inconsistencies found in that one assessment viewed that had not been completed to the same standard. The person in charge outlined how they were working towards getting all these aspects of care in place but acknowledged it was a work in progress. On this inspection the inspectors saw that there had been further reduction in the use of physical restraint and bedrail usage had reduced to two residents using bedrails and one resident using a lap-belt intermittently and this was not in use on the day of the inspection. Residents records reviewed showed that comprehensive assessments were in place and there was hourly recording and monitoring of residents when in bed which was seen by the inspectors. Due to the complex medication programmes a number of residents were prescribed, the use of as required medications were used following review and guidance by the psychiatric service and general practitioner. The inspectors saw that these were administered as part of symptom relief rather than as chemical restraint and were subject to weekly review,

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):

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

Findings:

At the previous inspection, the inspectors identified that there was no distinction on the administration charts between regular and as required medications which could lead to errors. The inspectors also noted that there were a number of antibiotics being administered to residents which were prescribed over the phone by the GP but were not signed by the GP within 72 hours as per the centres policy. Therefore medications were being administered without a valid prescription. On this inspection the inspectors saw that a new system of medication prescribing and management had been introduced. The medication administration charts clearly identified between regular and as required medications. The system around antibiotic administration continued to be prescribed over the phone and a faxed prescription was maintained however the charts were now taken to the GP for a valid prescription before the expiry of the 72 hours so therefore were in compliance with the centres policy and best practice guidelines.

The staff nurse told inspectors that other improvements in medication administration was implemented in that the monitored dosage system was now supplied in a full weekly tray rather than tray for each administration time. These weekly trays were now kept on the trolley for each resident and prevented the staff having to change over trays after each medication administration time. This was a safer practice in that staff could see at a glance all medications for the week.

Medication administration was observed and the inspector found that the nursing staff did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais and adopted a person-centred approach. Nursing staff with whom the inspector spoke demonstrated knowledge of the principles and responsibilities of medication management. Staff reported and the inspector saw that no residents were self-administering medication at the time of inspection. A sample of medication prescription records was reviewed. Where medicines were to be administered in a modified form such as crushing, this was not individually prescribed by the prescriber on the prescription chart for one resident who has their medications crushed.

There was evidence of pharmacist involvement in the regular review of residents medications however the pharmacist did not provide education sessions for staff or did not undertake medications audits which the staff said they would find very beneficial.

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):

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

Findings:

Overall inspectors were satisfied that the health and particularly the social care needs of the residents were well met. Inspectors met the full time activities co-ordinator who had implemented a wide variety of different activities into the activity programme including a number of one to one activities. She provided residents with opportunities to take part in every day household activities such as folding, pairing socks which some residents found very therapeutic. Inspectors saw a variety of activities taking place during the inspection and the residents appeared to be participating fully and enjoying the activities. There had been a barbeque held in the summer which they all enjoyed.

On the previous inspection inspectors saw evidence that staff had in-depth knowledge of the residents and their needs, however resident care plans did not always reflect this knowledge and the personalised care provided to the residents. Inspectors reviewed a number of care plans. Some care plans were individual, very comprehensive, specific and directed the care to be given to each resident. Other care plans either had not been developed for identifiable needs or did not adequately direct the care to be given to each resident. The centre had changed over to a computerised system of assessment and care planning and care plans were generated on the computer which the care staff did not have access to. Therefore care plans could not fully direct care as they were inaccessible to the staff providing the care. The person in charge said he was aware of this and was at times printed out the care plans and made them accessible to staff particularly if they were plans for the management of responsive behaviours to ensure continuity of care and in the case of moving and handling assessments and care plans which as discussed earlier were made available in residents rooms. On this inspection the inspectors viewed the care plans of five residents and found that they were generally very comprehensive and very person centred. Assessments using validated tools were updated on a regular basis and there was evidence of regular review by the GP and allied professionals. However on two of the care plans reviewed residents had not been seen by the dietician on the 28 July 16 and new supplements were recommended. Inspectors viewed the residents medication charts and these recommended supplements had not been prescribed and there was no updated care plan identifying the requirements for additional nutritional support and the recommendations of the dietician. As identified on the previous inspection the inspectors concluded that the shortage of nursing staff contributed to the inconsistencies in care planning and documentation. The management team and staff feel that having the CNM in post will assist greatly with this but as recommended under outcome 18 staffing levels will need to be kept under review.

One of the residents also had a pressure ulcer. On the previous inspection inspectors saw that although wound dressings took place this was not always updated on the wound assessment chart. On this inspection there were comprehensive wound assessments documented at each dressing change and comprehensive monitoring and

wound care plans in place and the wound was healing well.

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):

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

Findings:

On the previous inspection inspectors found that substantial progress had been made to address the failings identified at the previous inspections relating to the premises. However the inspectors did identify a number of chairs that had worn and torn upholstery that required repair or replacement. Also the floor covering in one bedroom on the ground floor on the east wing had numerous burn type marks on it and required replacement. A wash-hand basin is required in the laundry. Access to safe outdoor space continues to be an issue identified by the inspectors, residents, relatives and staff. There was a small courtyard accessible only through the smoking room and the floor surface here was not level in parts. The provider stated that they planned to provide an enclosed garden area at the side of the building where there was a covered in walkway with access to a garden. He stated this would be commenced once the other building work was completed. On this inspection inspectors saw that these issues all remained. Although residents had some access to the outdoor space at the side of the building because it was not safe or secure this access could only be when there was staff available to supervise the residents.

Inspectors found that overall the centre was in need of an intense maintenance programme both internally and externally and identified a number of areas that required repair and cleaning.

Starting with the approach to the nursing home the driveway up was in a state of disrepair and contained many potholes, this had been identified to the provider on a number of occasions by relatives, staff and visitors and was the subject of a number of complaints.

The windows throughout the centre required cleaning and were difficult to see out of. The external appearance of the building looked unkempt and was covered in cobwebs and dust and this was the same in the courtyard and garden area where weeds were

prevalent throughout. There was also old equipment that required removal. Garden furniture was rusting and in need of painting. The enclosed smoking area was covered in cobwebs and flies and required cleaning. Inspectors saw broken wall tiles, broken toilet seat, paint off the walls and wood panelling. In addition to worn and torn seats inspectors saw that seats in the day room were covered in stains from food and drink and were in need of an intense cleaning programme.

Although there was a maintenance person employed weekly he was often called away to other areas or tasks and there was no programme of on-going maintenance.

Judgment:
Non Compliant - Moderate

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

Findings:
At the previous inspection, it was found that there had been a substantial investment in staff training since the previous inspections. Training in safeguarding was prioritised and provided by an external trainer who also ran training programmes on managing responsive behaviours and dementia care and increasing staffs awareness of memory impairment and the effects on the resident. Staff who had attended the training sessions reported a high level of satisfaction with the courses content and their learning outcomes from same.

The external consultants had also brought in the services of an external trainer/facilitator who was on site working with staff two to three days per week. She provided training, guidance/practice development on all aspects of care from moving and handling, pressure area care, hygiene practices, infection control and focused on developing the skills of staff in providing care to the diverse client group of residents. The staff that spoke to the inspectors all highlighted how beneficial this has been for all

staff and residents and staff reported feeling valued and invested in. Staff nurses who spoke to the inspectors said they could see the benefits and felt a much higher standard of care was now being provided to the residents and staff had a greater understanding of their roles and responsibilities. The provider assured the inspectors that this role was to continue.

The inspectors saw that numerous other formal training courses had been booked and were scheduled for the coming months. Training records confirmed staff had up to date moving and handling training and fire training. Other training provided in 2016 was complaints handling, continence care and providing information to residents.

Residents spoke positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was seen by the inspectors throughout the inspection in the dignified and caring manner in which staff interacted and responded to the residents.

On the previous inspections the inspectors expressed concern in relation to nurse cover and it was not demonstrated that arrangements in place in relation to the skill mix of staff were appropriate at all times to meet the needs of residents. There was only one nurse on duty from 08.00 to 20.00 to address all the nursing needs of the residents and to undertake three medication rounds throughout the day. Nursing staff reported having to stay on duty late most evenings to complete their reports and documentation. There were no contingencies for residents who became unwell or were at end of life. The provider and person in charge said they were actively recruiting nursing staff and as discussed previously had stopped taking admissions to ensure the service to residents was safe. The inspectors also expressed concern in relation to the staffing levels at night which reduced to one nurse and two care staff from 20.00hrs. The night time medication round due to the complex medication regimes of many of the residents could take up to two hours to complete. The nurse should not be disturbed during this process. Due to the size and layout of the building over two floors it was not possible for the remaining two staff to supervise the communal rooms and also assist residents to bed some who may require the assistance of two staff. The person in charge said they were looking to commence a twilight shift which would provide extra staffing cover but this was not in place at the time of the inspection.

Judgment:
Substantially 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:

Caroline Connelly
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:	Cahermoyle House Nursing Home
Centre ID:	OSV-0000412
Date of inspection:	30/08/2016
Date of response:	17/09/2016

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 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:

Where medicines were to be administered in a modified form such as crushing, this was not individually prescribed by the prescriber on the prescription chart for one resident who required crushed medications.

1. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are

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

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:

(i) The medication chart identified on the day of inspection has been appropriately amended.

(ii) Additionally, all drug charts will be reviewed with the PIC, CNM, Pharmacist and GP to ensure that they meet the regulatory requirements.

Proposed Timescale: (i) Complete; (ii) 30th September 2016

Proposed Timescale: 30/09/2016

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:

Inspectors saw that on two resident plans, residents had been seen by the dietician on the 28 July 16 and new supplements were recommended. Inspectors viewed the residents medication charts and these recommended supplements had not been prescribed and there was no updated care plan identifying the requirements for additional nutritional support and the recommendations of the dietician.

2. 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:

Since the inspection the dietician has done a further visit and all plans and recommendations have been implemented. Moving forward, the new CNM will be the link nurse for nutrition and will ensure that all future recommendations/plans by multi-disciplinary professionals will be documented and the GP made aware and where necessary changes to medication charts, care plans will be made.

Proposed Timescale: 17/09/2016

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:

Inspectors identified a number of issues with the premises that did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre. A number of these were identified at the last and subsequent inspections.

A number of chairs had worn and torn upholstery that required repair or replacement. The floor covering in a number of bedrooms had numerous burn type marks and tears and required replacement.

A wash-hand basin is required in the laundry

Access to safe outdoor space continues to be an issue identified by the inspectors, residents, relatives and staff. There was a small courtyard accessible only through the smoking room and the floor surface there was not level in parts. Further outdoor space was provided but this also was not secured and residents cannot use without staff.

The approach to the nursing home was poor the driveway up was in a state of disrepair and contained many potholes, this had been identified to the provider on a number of occasions by relatives, staff and visitors and was the subject of a number of complaints.

The windows throughout the centre required cleaning and were difficult to see out of.

The external appearance of the building looked unkempt and was covered in cobwebs and dust and this was the same in the courtyard and garden area where weeds were prevalent throughout. There was also old equipment that required removal.

Garden furniture was rusting and in need of painting.

The enclosed smoking area was covered in cobwebs and flies and required cleaning.

Inspectors saw broken wall tiles, broken toilet seat, paint off the walls and wood panelling in various parts of the centre.

In addition to worn and torn seats inspectors saw that seats in the day room were covered in stains from food and drink and were in need of an intense cleaning programme.

Inspectors found that overall the centre was in need of an intense maintenance programme both internally and externally and identified a number of areas that required repair and cleaning.

3. 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:

A full review of the works needed to address this outcome will be undertaken and a plan of works developed and submitted to the Authority before 31st October 2016.

Proposed Timescale: 31/10/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

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

The inspectors found that the number and skill mix of staff were not appropriate at certain times to the needs of the residents, taking into account the size and layout of the designated centre.

4. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The PIC will, on a bimonthly basis (and more regular if there are changes to the needs of residents or new admissions), monitor the dependency of residents using acuity/quality method to ensure that staffing levels are safe, taking into consideration, layout, specific needs of residents and skill mix of staff.

Proposed Timescale: Ongoing

Proposed Timescale: 17/09/2016