

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	The Cottage Nursing Home
<b>Centre ID:</b>	OSV-0004587
<b>Centre address:</b>	70 Irishtown, Clonmel, Tipperary.
<b>Telephone number:</b>	052 612 2605
<b>Email address:</b>	paddy@wnh.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Tipperary Healthcare Limited
<b>Provider Nominee:</b>	Paddy Fitzgerald
<b>Lead inspector:</b>	Catherine Rose Connolly Gargan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	23
<b>Number of vacancies on the date of inspection:</b>	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 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: 17 June 2016 10:00 To: 17 June 2016 18:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 14: End of Life Care	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This monitoring inspection was unannounced and took place to monitor ongoing compliance with the regulations. The inspector also followed up on progress with completion of 12 action plans from the last inspection of the centre in February 2015 and found three were satisfactorily completed, one was partially completed and eight actions were not satisfactorily completed.

Residents spoken with by the inspector spoke positively about the care they received and the staff caring for them. Staff were observed to be respectful and responsive to residents.

As part of the inspection process, the inspector met with the person in charge, residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, policies and procedures, risk management documentation and staff records.

Overall, the inspector found that residents' medical and nursing needs were met to a good standard. Improvement was required in documentation of some care plans for residents. Residents engaged readily with the inspector and provided positive feedback regarding the staff team caring for them and the service provided to them. The inspector found evidence of good practice in a number of areas. The person in charge and staff all interacted with residents in a respectful, warm and friendly manner and demonstrated good knowledge of residents' needs, likes, dislikes and preferences.

The layout in some parts of the premises posed challenges in relation to the provision of adequate communal and private space for residents. The inspector also identified areas where maintenance was required. In response to findings of non-compliance with the regulations and national standards during the last inspection in February 2015 in relation to residents' accommodation and insufficient communal space, the provider advised HIQA of a refurbishment plan to be completed by 01 December 2016. Completion of this refurbishment work which had commenced by 01 December 2016 to address the areas identified is also a condition of the centre's registration as a designated centre.

Following this inspection, the provider forwarded written assurances that hazardous areas of the premises were appropriately secured to ensure residents' safety needs were met. The provider also forwarded a revised statement of purpose that met the requirements of the regulations.

A number of additional improvements were identified to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Improvement was required in the following areas:

- documentation including policies and fire drill details
- infection prevention and control practices
- care planning
- assessment of residents' activation needs

The Action Plan at the end of this report identifies the specific improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The actions required from the last inspection in February 2015 to ensure the statement of purpose document accurately described the service provided to residents in the centre were not satisfactorily completed. The statement of purpose document did not contain all the information required by Schedule 1 of the regulations. It was not clear if the statement of purpose had been reviewed in the last year.

Following this inspection the provider forwarded a revised statement of purpose document to reflect the service provided. The revised document contained all the information as required by schedule 1 of the 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):**

No actions were required from the previous inspection.

**Findings:**

There was a clearly defined management structure that identified the lines of authority and accountability. Roles and responsibilities for each area of service provision were outlined. The provider was not present in the centre on the day of inspection but attended the centre on one to two days each week. The director of nursing had full-time involvement in the governance, operational management and administration of the centre.

There was a management system in place to ensure the service provided was safe, appropriate, consistent and effectively monitored.

However, the inspector observed that access to two rooms under refurbishment on the first floor was not secured and therefore posed risk of injury to residents who inadvertently accessed this area. The sluice on the first floor was also recently refurbished and the door was observed not to be fitted with a closure device or locking system as a control measure to prevent access by unauthorised persons. Following this inspection, the provider forwarded assurances that these areas were appropriately secured to ensure residents' safety needs were met.

Residents and relatives feedback on aspects of the service provided was sought through a survey and a schedule of key clinical areas of the service were monitored through audit. Audits were analysed and while there was some room for improvement in action plan development to address some deficits found with specification of timescales, overall, activity taken to date demonstrated effective monitoring of quality and safety was in place.

The provider completed an annual review of the quality and safety of care within the service for 2015 which was forwarded to HIQA in April 2016. This review detailed improvements made to the internal premises in 2015 including refurbishment of residents' bathrooms and sluices, installation of a new call-bell and telephone system. A service plan detailing further improvements for 2016 was documented.

In response to findings of non-compliance with the Regulations and National Standards during the last inspection in February 2015 in relation to residents' accommodation and insufficient communal space, the provider advised HIQA of a refurbishment plan to be completed by 01 December 2016. Completion of this refurbishment work to address the areas identified is also a condition of the centre's registration as a designated centre.

The inspector observed that this work was in progress and was informed by the person in charge, that due to an unavoidable delay in the commencement date, some works planned were behind schedule. However, the inspector found that increased oversight by the provider was required to ensure planned refurbishment work was progressed and any negative impact on residents was minimised.

**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:**

The records listed in Schedules 2, 3 and 4 of the Regulations were maintained in the centre. All of the key policies as listed in Schedule 5 of the Regulations were in place. However, as outlined in outcome 14, the policy relating to end of life care required review to reference arrangements for deceased residents on the first floor in the absence of adequate lift facilities. As outlined in outcome 7, the policy on protection of vulnerable adults did not effectively guide staff if an allegation was made against the person in charge or a member of the management team.

As discussed in outcome 8, while there was records of frequent simulated fire evacuation drills completed, this documentation did not include details of time taken to complete evacuations, simulated evacuation to reflect movement from the compartment with highest number of residents, reflecting night and day-time conditions. The simulated drill documentation also did not confirm testing of whether the width of existing doors supported the movement of large assistive chairs used by residents from one compartment to another.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. Residents were provided with support that promoted a positive approach to behaviours and psychological symptoms of dementia (BPSD). A restraint-free environment was promoted.

The person in charge and all the staff spoken with confirmed that there had been no incidents of alleged, suspected or reported abuse in the centre. Staff-resident interactions observed by the inspector throughout the day of inspection were respectful, kind and supportive.

There was an organisational policy in place to advise staff on protection of vulnerable adults including management of any allegations or incidents of abuse. However, as identified on the last inspection in February 2015, the policy did not effectively guide staff if an allegation was made against the person in charge or a member of the management team. The policy also required review to reflect best practice as described in the national safeguarding policy published in 2014. This finding is actioned under outcome 5.

Staff training records confirmed that all staff had received training in safeguarding vulnerable residents. Staff with whom the inspector spoke were knowledgeable regarding the actions they should take and their responsibilities to report. Residents with whom inspectors spoke confirmed that they felt safe in the centre and that they knew who to talk to if they needed to report any concerns they had.

Arrangements for the management of residents' finances were reviewed. A sample of residents' financial records was made available to the inspector. An itemised record of charges made to each resident was maintained supported by receipts to confirm the purpose for which the money was used. The provider acts as an agent for collecting three residents' pensions which the inspector was informed were deposited in named accounts separate to the centre account. Residents had a lockable safe within their bedrooms to secure personal possessions if they wished.

A centre-specific policy in relation to the support of residents with behaviours and psychological symptoms of dementia was in place. Residents who experienced behaviours and psychological symptoms of dementia were observed by the inspector to be well managed. Behavioural support care plans were in place for these residents and with the input of the community psychiatry of older age specialist service, their mental well-being was optimised. Staff had attended training on dementia and management of behaviours and psychological symptoms of dementia (BPSD). A local team had been established to support residents with BPSD, comprising the person in charge and representative membership of the staff team. Meetings were noted to be convened on an at least weekly basis. Minutes available demonstrated a comprehensive, person-centred approach to care of these residents.

There was a proactive approach demonstrated towards a restraint-free environment.



While bedrails were used for some residents, use followed an appropriate assessment. A risk balance tool was used prior to the use of a bedrail and multi-disciplinary including physiotherapy input was sought in the decision-making process. Some improvement in documentation was required to ensure review regarding on-going use included the resident where possible or their significant other. No residents in the centre received chemical restraint.

The location of the centre on a busy shopping street was identified as a potential risk to residents and as stated in the concomitant controls to mitigate risks identified, all access to the centre was controlled by staff. Closed circuit television (CCTV) monitoring was in place at entrances. However, improvement was required in record keeping of visitors to the centre in the visitors' book and display of notices advising on CCTV use.

**Judgment:**  
Substantially Compliant

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

**Theme:**  
Safe care and support

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

**Findings:**  
While improvements required were identified on this inspection, there was evidence that the provider was committed to protecting and promoting the health and safety of residents, staff and visitors.

There was a safety statement in place for the centre. A health and safety policy was also available and reviewed in January 2015. Hazard identification documentation referenced centre-specific risk assessments with concomitant controls, where appropriate to mitigate level of risks identified. However, a number of risks as observed on the day of inspection were not identified such as; risk posed by use of the lift, a ramp in the flooring in the front hall, an absence of handrails in areas of corridors on the ground and first floors, the sluice room door on the first floor was not fitted with a closure or locking device and unrestricted access was available to a partially refurbished area of the building. Following this inspection, the provider forwarded assurances that the sluice and area of the building being refurbished were appropriately secured to ensure residents' safety needs were met.

A record was maintained of all accidents and incidents in the centre there were arrangements in place for investigating and learning from outcomes of investigation of accidents and incidents.

There were systems in place to ensure residents, staff and visitors were protected from risk of fire in the centre, Suitable fire equipment was provided and there was an adequate means of escape. Fire exits were unobstructed on the day of inspection and were inspected weekly as confirmed by the records available. The procedure for safe evacuation of residents and staff in the event of a fire was displayed in a number of areas. A personal emergency evacuation plan (PEEP) was seen to have been developed for residents. While there was records of frequent simulated fire evacuation drills completed, this documentation did not include details of time taken to complete evacuations, simulated evacuation to reflect movement from the compartment with highest number of residents and to reflect night and day-time conditions. The simulated drill documentation also did not confirm testing of whether the width of existing doors supported the movement of large assistive chairs used by residents from one compartment to another. This finding is actioned in outcome 5. Staff training records provided confirmed that fire safety training was provided to staff. However, some staff spoken with were not clear on the evacuation procedures in the centre. Fire evacuation route signage was not visible in a number of areas of the centre.

Supplies of personal protective equipment (PPE) such as gloves and aprons were available and used by staff. Hand hygiene facilities were readily accessible to staff and visitors. However, labels on hand hygiene gel containers referenced that the contents were past expiry date. The inspector was told that the hand gel bottles were refilled from a bulk supply. This finding did was not in line with infection and control best practice procedures. The finding on the last inspection in February 2015 relating to management of bed-spacing to ensure risk of spread of healthcare associated infections was being addressed with refurbishment of the relevant bedrooms to be completed by December 01 2016.

**Judgment:**

Non Compliant - Moderate

***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:**

Residents were protected by safe medication management procedures and practices. A centre-specific policy was available to inform all aspects of medication management. The inspector observed the administration of medicines and saw that this was evidenced in practice. The practice of transcription of residents' medications was in line with professional guidance issued by An Bord Altranais agus Cnáimhseachais.

Medicines for residents were supplied by a local community pharmacy. There was evidence that the pharmacist was facilitated to meet his/her obligations to residents.

Medicines were stored in a locked cupboard or in the medication trolleys. Safe placement of the medication trolleys when not in use required some review and this was discussed with the person in charge on the day of inspection. The temperature of the refrigerator used to store medicines was recorded and noted to be maintained within a specified range; Medicines requiring refrigeration were stored appropriately. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

A sample of prescription and medication administration records was reviewed. Prescription records examined referenced the prescriber's signature for each medicine prescribed in accordance with the Medicinal Products (Prescription and Control of Supply) Regulations. Medicines administered in a modified form such as crushing were individually prescribed by the medical practitioner on the prescription chart. Medication administration sheets identified the medications on the prescription sheet and provided space to record comments on withholding or refusing medications. There was a system in place for reviewing and monitoring safe medication management practices.

Procedures were in place to return medicines which were out of date or dispensed to a resident but no longer needed were stored in a secure manner, segregated from other medicinal products and returned to the pharmacy for disposal.

**Judgment:**  
Compliant

***Outcome 11: Health and Social Care Needs***

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

**Theme:**  
Effective care and support

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

**Findings:**  
Residents had timely access to GP, allied health professional, palliative care and psychiatry of older age services. Residents had a choice of GP with many residents being able to continue to receive care from the GP they attended prior to their admission to

the centre. The 'out of hours' GP service attended to residents' healthcare needs outside of office hours as necessary. Residents' records confirmed that they were assisted to achieve and maintain the best possible health through regular blood profiling, monitoring of vital signs, quarterly medication review and annual administration of the influenza vaccine. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. A physiotherapist attended the centre on a weekly basis and assisted staff with assessing residents' moving and handling needs including assessment to ensure the residents are measured for the correct sling when hoist transfers are required as part of their care. The physiotherapist co-ordinated an exercise activity with residents each week and prepares an exercise plan for the activity co-ordinator and staff to follow for to ensure residents' mobility is optimised.

Residents' care documentation was collated by means of a computerised data management system which is password protected. The inspector reviewed various aspects of a number of residents' assessment and care plan documentation. Residents had a comprehensive assessment of their healthcare needs, using evidence based assessment tools completed on admission and updated thereafter. Each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at four-monthly intervals. The development and review of care plans was done in consultation with residents or their representatives. However, as identified on inspection in February 2015 and on this inspection, care plan development to inform the care needs of residents required improvement. The inspector found that care plans for short-term care needs were not consistently completed. Recommendations for care following assessment by speech and language therapy and dietetic services were not consistently documented in residents' nutritional care plans. The inspector also observed that care plans were not always in place to ensure residents' activation needs were met with care interventions to ensure they had appropriate opportunities to participate in activities that met their interests and capabilities.

Wound management was provided to a good standard and was in line with national best practice. Wound management charts were maintained electronically and described the cleansing routine, emollients, dressings and frequency of dressings. The dimensions of the wound were documented and photographs were used to evaluate the wound on an ongoing basis. There was evidence of appropriate input being sought from specialist tissue viability services.

There was a strategy in place to prevent falls whilst also promoting residents' mobility and independence. An evidence-based assessment tool was used to assess residents' risk of falls on admission and at least every four months thereafter. The centre's physiotherapist completed an assessment on admission and following any incident of fall thereafter. The incidence of falls was monitored and HIQA were notified of four fall incidents where residents sustained an injury requiring their transfer for hospital care. A falls audit was completed and a review was completed after each fall incident with preventative measures, such as hip protectors, sensor mats and ultra low beds implemented to mitigate further risk of injury.

**Judgment:**

***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:**

A refurbishment plan to be completed by 01 December 2016 was submitted by the provider to HIQA, as assurance that the internal centre premises would be brought into compliance with the regulations and national standards. This work was underway on the day of inspection with some areas of work, as identified in the plan completed. Work on other areas were at various stages of completion or were scheduled to commence. However, the inspector was told work was behind schedule. The inspector observed that the works were taking place in areas currently accommodated by residents such as corridors and some bedrooms. A phased, planned approach to minimise any negative impact on residents was not evident. Some residents spoken with told the inspector that they were looking forward to the finished result and any discomfort they experienced would be temporary. However, a co-ordinated approach would minimise disturbance and risk to residents. Two bedroom areas on the first floor were partially refurbished but as not completed, posed risk of falling, to any resident who accessed this area. The doors to this area were not secured to prevent unauthorised access.

Each bedroom provided adequate storage for personal possessions and some bedrooms were personalised. Adequate screening was provided in shared bedrooms. Although the provider planned to change purpose and reduce the number of residents occupying some bedrooms, on the day of inspection the centre comprised of nine single, five twin and two three-bedded rooms. Twin bedrooms provided at least 7.5m<sup>2</sup> per resident. The layout of the twin bedrooms was suitable to meet the needs of residents. There were two bedrooms that provided accommodation for more three residents in each. These bedrooms did provide at least 9.1m<sup>2</sup> per resident but were not laid out to meet the needs of dependent residents who require specialised equipment and in a manner that maximised their private and communal space.

As found on the last inspection in February 2015, the inspectors observed that there were a number of areas which had not been adequately maintained including torn flooring, peeling paint and visible rust. The décor in some areas required review. Two

residents' wardrobe drawers were broken.

One communal room and a dining room were provided for residents. The dining room on the ground floor provided seating for eight residents and meals were served in one sitting. Several residents in the communal sitting room ate their meals where they were seated and bed-tables were used to facilitate this. As one of the two communal sitting rooms was being refurbished, the sitting room in use was crowded throughout the day of inspection.

Some parts of circulation corridors were not fitted with handrails and a hand rail fitted on one side of ramped flooring from the reception area to residents' accommodation was not at a level to support residents safely. The ramped flooring jutted into the exit from the kitchen, from which hot food/fluid on trays was carried to residents by staff. This posed a risk of trip/scald to staff and residents using the ramp. The emergency call-bell system was upgraded as part of the current refurbishment work.

Although recently serviced, as confirmed by service records, the lift available for residents' use required risk assessment. The lift did not have adequate space to accommodate an ambulance stretcher. The inspector used the lift and found that there was a space between the floor and the wall, the lift doors were not fitted to the lift and movement of the lift was dependant on constant pressure on a switch. Removal of pressure caused the lift to stop between floors.

As the provider was not on-site on the day of inspection, the issues as identified in relation to the premises were discussed at length with the person in charge.

**Judgment:**  
Non Compliant - Major

***Outcome 14: End of Life Care***

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

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

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

**Findings:**  
There was an 'end of life' care policy in place updated in May 2015. However, the policy did not detail arrangements for dignified removal of residents who deceased on the first floor in the absence of adequate lift facilities.

Arrangements were in place for capturing residents' end of life preferences. End of life care plans were developed for residents in the centre that detailed interventions to meet

their physical, emotional, social, physiological and spiritual needs. End of life care plans were reviewed to ensure residents' wishes had not changed. The person in charge stated that residents were provided with the choice of a single room if they were not already in one as they reached their end of life. Care plans outlined residents' preferences as to place of death; however, some clarity was required in this documentation to ensure that residents were involved in advanced directives.

Religious and cultural practices were facilitated. Members of the local clergy visited residents on a regular basis and some residents were facilitated to visit the Roman Catholic church opposite the centre. The person in charge confirmed that ministers from a range of religious denominations were facilitated to visit. Access to specialist palliative care services was available. An evidence-based pain assessment tool was used to support management of residents' pain.

Family and friends were facilitated to be with the resident at the end of their life. Overnight facilities were not available for families within the centre but staff stated that family members who chose to remain overnight were made comfortable. Tea/coffee and snacks were provided and available at all times.

As identified on the last inspection in February 2015, the end of life policy stated that residents' personal possessions were packaged in appropriate bags and boxes. Although not in place, the person in charge was sourcing appropriate bags for removal of deceased residents' property.

**Judgment:**  
Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***  
***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

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

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

**Findings:**  
The centre was relaxed, person centred and with a good level of visitor activity throughout the day. Residents reported that there was no restriction on visitors.

Residents were consulted about how the centre was planned and run. A residents' meeting was facilitated and minutes from the most recent meeting were made available



to the inspector. These meetings were used to get resident feedback in addition to giving residents information, for example regarding the refurbishment of the premises. Some residents spoken with by the inspector were well informed about progress with refurbishment in progress. Thirteen residents attended the meeting in March 2016 including residents with dementia. A notice was displayed alerting residents and relatives to the next meeting scheduled for 23 June 2016. A quarterly newsletter was published in the centre to enhance residents' information.

Residents' were supported and encouraged to exercise their personal autonomy and choice in their day to day activities. For example, residents' individual preferences in relation to their daily routine, meals and their choice of activities were promoted by staff. Residents' routines were documented in their care plans and staff were seen to respect these. For example, some residents liked to go to the local church for mass.

The inspector observed televisions and radios in the communal sitting and dining rooms. Some residents also had access to televisions in their bedrooms and newspapers were delivered each day. The person in charge confirmed that an independent advocacy service is available to residents when required. Inspectors observed that posters informing residents of this service were displayed.

The inspector saw that residents received care that was dignified and respected their privacy at all times. Staff knocked before entering residents' bedrooms. Staff addressed residents by their preferred names. Screening curtains were used in shared rooms when personal care was delivered. However, the layout of the bedrooms accommodating three residents did not ensure residents' privacy needs could be met. CCTV cameras were not in use in areas where residents would have a reasonable expectation of privacy.

The centre employed a designated activity co-ordinator. Residents' birthdays were celebrated together on a monthly basis. A birthday party for a number of residents was held on the day of inspection. Local musicians were invited to provide music for the party and the sitting room was decorated accordingly. Improvement in activity care plans especially for residents who remained in their bedrooms was required to ensure they had access to activities that met their interests and capabilities. Activities available to residents included live music, nail care, current affairs, bingo, quizzes, story-telling, arts and crafts, poetry and ball games. There were a number of residents with dementia in the centre. While doll therapy was in use, a sensory based programme was not available to these residents. As one of the two communal sitting rooms was being refurbished, the sitting room in use was crowded throughout the day of inspection. This finding is discussed and actioned in outcome 12.

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

**Findings:**

The inspector found that the staffing levels and skill-mix met the needs of residents on the day of inspection. There was a staffing roster in place that reflected staff on duty.

The person in charge worked in the centre Monday to Friday each week. A staff nurse was on duty at all times. Staff were observed to competently deliver care and support to residents that reflected contemporary evidence based practice. Staff spoken with were knowledgeable regarding residents' needs and their care plan details.

Up to date professional registration details were available for all staff nurses. Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies; the programme reflected the needs of residents including residents with dementia. All staff employed had attended mandatory fire, manual handling and protection of vulnerable adults training. Further education and training completed by staff included nutrition, food safety and dementia.

Staff were supervised on an appropriate basis. Recruitment, selection and vetting procedures were in line with best practice.

**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:***

Catherine Rose Connolly Gargan  
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>	The Cottage Nursing Home
<b>Centre ID:</b>	OSV-0004587
<b>Date of inspection:</b>	17/06/2016
<b>Date of response:</b>	04/08/2016

### 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 02: Governance and Management

**Theme:**  
Governance, Leadership and Management

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

Increased oversight by the provider was required to ensure planned refurbishment work was progressed and any negative impact on residents was minimised.

**1. Action Required:**

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

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

monitored.

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

90% of the work is being carried out by the maintenance team who the registered provider meets with every morning before they commence work. Any outside contractors are appointed by the Registered Provider and schedule of works and completion dates agreed. In regards to noise/dust/obstruction, a job by job risk assessment will be carried out as the work progresses.

**Proposed Timescale:** 12/08/2016

**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:**

The policy relating to end of life care required review to reference arrangements for deceased residents on the first floor in the absence of adequate lift facilities.

The policy on protection of vulnerable adults did not effectively guide staff if an allegation was made against the person in charge or a member of the management team.

**2. Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

We have revised the policies to include procedures to be followed in the unaddressed areas found

**Proposed Timescale:** 25/07/2016

**Theme:**

Governance, Leadership and Management

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

Records of simulated fire evacuation drills did not include details of time taken to complete evacuations, simulated evacuation to reflect movement from the compartment with highest number of residents reflecting night and day-time conditions.

The simulated drill documentation also did not confirm testing of whether the width of existing doors supported the movement of large assistive chairs used by residents from one compartment to another.

**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:**

Fire drill documentation have be reviewed and modified to include the time taken to complete evacuations. A summary of aids ie. Wheelchairs and ski sheets used during an evacuation will be kept in the emergency box. All times and areas have been considered including night time evacuation from all areas of the building . (Last night time drill completed at 8PM on 11th March 2016. Including all night staff) These drill will be continued on a fixed interval basis with the added introduction of a new fire safety officer who is booked in for the appropriate training ensuring that all drills will cover all eventualities.

There is an evacuation folder in place with a personalised evacuation plan for each resident. This is also summarised on a easy to read one page quick summary . This outlines how each resident will be evacuated either day or night. Ie transfer to wheelchair, ski sheet etc. All of these forms of evacuation have been tested during simulated fire drills and have proven to be suitable.

**Proposed Timescale:** 04/08/2016

**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:**

Improvement was required in record keeping of visitors to the centre in the visitors' book, display of notices advising on CCTV use and development of a policy to inform management of CCTV monitoring.

**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:**

We do have a policy on security and included a section on CCTV. Signs for the CCTV in progress have being put up around the building

**Proposed Timescale:** 11/07/2016

**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:**

A number of risks were not identified, risk assessed with concomitant controls in place to mitigate the level of risk identified.

**5. Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

An audit on hand rails within the home will be conducted and following this additional hand rails will be put up in required areas. Risk assessments will be completed for the ramp at the reception area, the lack of hand rails and the lift within the home. Mid western lifts are coming to home to assess the lift. They will identify risks and fix areas needed.

Proposed Timescale: 12/9/17 (2months)

**Proposed Timescale: 12/09/2017**

**Theme:**

Safe care and support

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

Refilling of hand gel containers was not in line with infection and control best practice procedures.

**6. Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

An infection control audit will be carried out within the home on hand gel containers and following this new hand pumps will be placed throughout the building where necessary and as the refurbishment progresses

Proposed Timescale: immediately and ongoing

**Proposed Timescale: 04/08/2016**

**Theme:**

Safe care and support

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

Some staff spoken with were not clear on the evacuation procedures in the centre.

**7. Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

All staff have completed fire training. Fire drill to be continued and ensure all staff members have attended these and are informed of evacuation procedures in the event of a fire

**Proposed Timescale: 27/07/2016**

**Theme:**

Safe care and support

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

Fire evacuation route signage was not visible in a number of areas of the centre.

**8. Action Required:**

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

We will carry out an audit on all evacuation signage and will either move or add new evacuation signs

**Proposed Timescale: 27/08/2016**

**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:**

Care plans for short-term care needs were not consistently completed.

Recommendations for care following assessment by speech and language therapy and dietetic services were not consistently documented in residents' nutritional care plans.

The inspector also observed that care plans were not always in place to ensure

residents' activation needs were met with care interventions to ensure they had appropriate opportunities to participate in activities that met their interests and capabilities..

**9. Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Nutritional care plans have all being reviewed and any resident reviewed by Speech and Language or dietician services have their recommendations added to their personalised nutritional care plan.

Short term care plans have being introduced for residents requiring antibiotic therapy.

Activity care plans have being reviewed and introduced for all residents to ensure the residents activity needs are met.

**Proposed Timescale:** 08/07/2016

**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:**

There were a number of areas which had not been adequately maintained including torn flooring, peeling paint and visible rust.

Two residents' wardrobe drawers were broken.

Some parts of circulation corridors were not fitted with handrails and a hand rail fitted on one side of ramped flooring from the reception area to residents' accommodation was not at a level to support residents safely.

The lift available for residents' use required risk assessment. The lift did not have adequate space to accommodate an ambulance stretcher.

**10. 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:**

In areas of immediate risk ie ramp, we will put hand rails up and grip strips on the ramp immediately. We will carry out an audit of the building to identify the risks in regards to handrails, ramp and lift.



**Proposed Timescale: 27/08/2016**

**Theme:**

Effective care and support

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

The layout of three-bedded rooms and sitting and dining communal space available to residents did not meet the centre's stated purpose.

**11. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

While we have an overall plan, two new bedrooms are now completed since inspection and we are currently altering the layout of our two 3 bedded rooms. A new dayroom will be constructed upstairs in the back 3 bedded area and downstairs dayroom is being extended in room number 7. The second 3 bedded room will become a double room

**Proposed Timescale: 27/09/2016**

### **Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

Improvement in activity care plans especially for residents who remained in their bedrooms was required to ensure they had access to activities that met their interests and capabilities.

A sensory based programme was not available to residents with dementia.

**12. Action Required:**

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

All residents will be given an activity care plan and will be personalised to meet the needs of residents who like to participate in group activities or who like to remain in room and have one on one activity programmes

Activity co-ordinator will be commencing the Sonas 3 day training programme in September 2016

Proposed Timescale: Activity Care plans- 19/7/16  
Sensory training- 30/11/16

**Proposed Timescale:** 30/11/2016

**Theme:**

Person-centred care and support

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

The layout of the bedrooms accommodating three residents did not ensure residents' privacy needs could be met.

**13. Action Required:**

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

As previously stated, the building layout will be altered. The second 3 bedded room will be re-constructed into a 2 bedded room allowing for improvements in residents privacy and dignity

**Proposed Timescale:** 27/09/2016