



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Curragh Lawn Nursing Home
Name of provider:	CLNH (Kildare) Limited
Address of centre:	Kinneagh, Curragh, Kildare
Type of inspection:	Announced
Date of inspection:	21 May 2019
Centre ID:	OSV-0005536
Fieldwork ID:	MON-0026020

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Curragh Lawn Nursing home is situated on the edge of the Curragh approximately two kilometres from the village of Athgarvan. The towns of Kilcullen and Newbridge are in close proximity and offer shopping and other local amenities. Curragh Lawn Nursing Home provides accommodation and nursing care for 37 residents. There are 24 bedrooms in total; 13 single bedrooms, 10 twin bedrooms and one four-bedded bedroom, all located on the ground floor. There are three lounges and a dining room in an open plan layout. The home is surrounded by gardens and grounds amounting to approximately five acres. There are outdoor areas for residents to sit outside and enjoy the scenic views and there are walkways around the nursing home that residents can also avail of and enjoy. There is a purpose built enclosed garden that has been designed in line with dementia-inclusive principles and incorporates high colour contrast seating and safe suitable pathways. Curragh Lawn Nursing Home accommodates both male and female residents aged 18 years and over. The service provides full time nursing care and caters for the health and social care needs of residents requiring dementia care, respite care, convalescent care and general care in the range of dependencies low/medium/high and maximum.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
21 May 2019	09:30hrs to 18:00hrs	Margo O'Neill	Lead
22 May 2019	09:15hrs to 14:00hrs	Margo O'Neill	Lead
21 May 2019	09:30hrs to 18:00hrs	Catherine Rose Connolly Gargan	Support
22 May 2019	09:15hrs to 14:00hrs	Catherine Rose Connolly Gargan	Support

Views of people who use the service

Inspectors met with residents and some residents' relatives who were visiting over the two day inspection. Nineteen residents returned pre-inspection questionnaires distributed to them on behalf of the Office of the Chief Inspector prior to this inspection. Many expressed their great satisfaction with most aspects of the service they received.

Residents said they were very satisfied with living in the centre, some reporting that they 'loved living' in Curragh Lawn and that they felt 'safe and well looked after'. Residents' relatives who spoke on their behalf said 'the centre is bright and cheerful and the staff are always welcoming', however one resident was not satisfied that they could not meet their visitors in private. Furthermore, four residents did not express satisfaction with the storage facilities provided for their clothing.

Feedback from the questionnaires stated that 'complaints are dealt with quickly' with 'immediate attention and good communication' and that the 'owners and staff are kind, caring and efficient'. Many residents said that they thought the gardens were 'beautiful' and residents also commented that they enjoyed their 'walks on the Curragh with staff'. Residents said staff always came when they needed them and they never had to wait for help. Many residents commented on the food and that it is was 'beautiful', 'plentiful' and that there was always a choice of 'something I like for my meals'.

Capacity and capability

The inspection was an announced two day inspection to monitor ongoing compliance with the regulations and standards. Inspectors followed up on notifications received by the Chief Inspector of Social Services since the last inspection in July 2018. No unsolicited information was received about the centre. Inspectors' findings are discussed throughout the report.

Two actions from the last inspection to bring the centre into compliance with the regulations were partially progressed by the provider. Plans for phase one of a premises renovation and extension project to address the outstanding work were at an advanced stage to have works commenced within 12 months. These actions are repeated in the compliance plan from this inspection.

There was a robust governance and management structure in place in the centre. The management structure was clearly defined and all staff were aware of their

roles and responsibilities. The provider representative, who was also the director of nursing and person in charge were very experienced and had spent many years carrying on the business of a designated centre. The assistant director of nursing and nurses were also all appropriately experienced to support the person in charge in her role.

The registered provider and person in charge provided alternative week and weekend on-call cover. This ensured that a member of the management team was available over seven days each week to respond to any issues or queries without delay. The provider representative, the person in charge and all senior management met formally on a monthly basis to review the service provided and outcomes for residents. There was a standing agenda for these meetings that included risk management, safeguarding, fire and so on in the centre. Action plans were developed from these meetings with dates for completion and nominated persons assigned. There was evidence of follow up of these actions plans in the next meeting.

There were proactive arrangements in place to monitor the quality and safety of care and the service delivered to residents. Robust procedures were in place to monitor the standard of clinical care delivered to residents. Key clinical parameters were measured by the person in charge such as, use of restrictive practices, wounds and medication management. The outcome of audits including review of complaints, falls, adverse incidents and key clinical parameters informed ongoing quality improvements in the centre. Regular informal feedback and resident satisfaction surveys informed management of residents' quality of life in the centre. The commitment by the centre's management and staff to ensuring residents enjoyed a meaningful life in the centre was clearly demonstrated.

There were sufficient staffing levels in the centre. Staff had appropriate skills and knowledge to meet residents' needs in the centre. Resources were provided to ensure care was delivered in accordance with the centre's statement of purpose. Staff were appropriately supervised and facilitated to attend mandatory and professional development training. This promoted a culture of learning and continuous professional development for staff.

There was a low staff turnover and staff who spoke with the inspectors said they were well supported by the person in charge and senior staff. There was robust recruitment and induction procedures in place. The provider ensured that all staff had completed Garda Vetting before commencing working in the centre as per the National Vetting bureau (Children and Vulnerable Persons) Act 2012.

Regulation 14: Persons in charge

The person in charge has been in charge of the centre since it opened in August 1984. She meets the requirements of the regulations. The person in charge is a registered nurse, works full-time in the centre and is suitably qualified and experienced. The person in charge is engaged in the governance, operational

management and administration of the centre on a full-time basis.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff working in the centre to meet the individual and collective needs of the residents living there. Staff were observed to be skilled when providing care for residents and were knowledgeable regarding the needs of residents. All residents were attended to in a timely way and said that staff were kind and caring. The centre had a robust recruitment and induction process for all new staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training records were viewed by inspectors and referenced that mandatory training requirements for staff were facilitated. Staff were also facilitated to attend training to support their professional development. Training needs of staff was informed by the needs of residents and annual appraisals completed by the person in charge with all staff.

A recruitment policy was in place and informed induction and training process for newly-recruited staff. The person in charge ensured staff were well-supervised according to their role.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was made available to inspectors and detailed all information for each resident as required by the regulations. The provider designed the directory template to ensure all information as required by the regulations was captured for each resident.

Judgment: Compliant

Regulation 21: Records

Inspectors reviewed four staff files. These were found to contain all necessary information as required by Schedule 2 of the regulations including a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Records of each fire practice, drill and test of fire equipment were maintained. Fire drill records required improvements to include:

- further detail such as the compartment that had been evacuated during the simulated fire evacuation drill
- the number of residents and staff involved so that records accurately reflected the actual number of staff on duty during both day and night shifts.

Daily nursing records were maintained and contained detail of the residents' health and wellbeing. The centre had a restraint register and this was appropriately maintained. All other records required under Schedules 1, 2, 3 and 4 of the Regulations were maintained.

Judgment: Substantially compliant

Regulation 22: Insurance

Confirmation of up-to-date insurance to cover injury to residents or loss and damage of residents' property was made available to inspectors.

Judgment: Compliant

Regulation 23: Governance and management

The centre had robust governance and management procedures in place and there was sufficient resources provided to meet the needs of residents. Each member of the team had their role and responsibilities defined and there were good processes for communication between team members. Comprehensive systems were in place to monitor quality and safety of the service. There was clear evidence that information collated by measuring key clinical indicators and in audits was analysed and this information was reviewed at governance and management meetings held monthly. Actions plans were developed and informed continuous quality improvement. The provider representative and person in charge met with staff regularly to review practice in all areas and to share findings from auditing and

promote learning. An annual review report on the quality and safety of care and quality of life for residents was prepared for 2018. The report was completed in consultation with residents to inform service improvements for 2019.

Judgment: Compliant

Regulation 24: Contract for the provision of services

There was evidence of individual contracts for each resident and signatory agreement by residents or their family members on their behalf with the arrangements in place. The contracts outlined the terms and conditions of residency, services to be provided and the fees to be charged. Information regarding additional fees; was found to be unclear and an option for residents to opt-out of these fees was not outlined.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose contained all necessary information and was in line with the information outlined in schedule three of the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013.

Judgment: Compliant

Regulation 30: Volunteers

The provider representative confirmed that one volunteer worked in the centre. This volunteer's contribution to residents' quality of life was highly valued by residents and staff. The provider was aware of the requirements of the Regulations regarding any volunteers in the centre including a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. A vetting disclosure, role description and supervision arrangements were available for the centre's volunteer worker.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all accidents and incidents involving residents was maintained. The person in charge submitted all notifications as described by the regulations to the Office of the Chief Inspector within the timescales specified.

Judgment: Compliant

Regulation 32: Notification of absence

The person in charge confirmed that she had no absence in excess of 28 days. Arrangements were in place for management of the centre in the event of any such absences occurring.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had an up-to-date policy and procedure to manage complaints. A summary of the complaints procedure was displayed prominently in the reception hall of the centre for residents' and relatives' information. The complaint procedure was also outlined in the resident's guide. Details on display included the nominated complaints officer in the centre, investigation procedure, the appeals process, ombudsman contact details. The nominated person who reviewed the complaints process to ensure it had been addressed promptly and appropriately was detailed. The centre had links with an advocacy group. The contact details for accessing an advocate were also displayed in the reception hall of the centre.

A record of complaints raised by residents and relatives was maintained in the centre. The records included details of the investigations carried out in relation to the complaints and of the prompt actions taken to resolve the complaint. Details of communication with the complainant and their level of satisfaction with the measures taken to resolve the issues was recorded. The prompt action taken by the centre to resolve complaints and high level of satisfaction with the centre's actions was confirmed in the pre-inspection questionnaires completed by residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures as required by Schedule 5 of the Health Act 2007 (Care

and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were present and noted to be specific to this centre. All policies were reviewed and updated at intervals not exceeding three years to ensure the information within these policies reflected best practice information.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

There were arrangements in place for the management of the centre in the event of any absence, greater than 28 days, of the person in charge.

Judgment: Compliant

Quality and safety

Inspectors found that residents' health and nursing needs were met to a meaningful standard and they enjoyed a good quality of life in the centre. Each resident's healthcare needs were assessed and were informed by comprehensive person-centred care plans that contained person-centred details and reflected their individual care preferences.

Residents had timely access to general practitioners (GPs) who visited the centre as necessary and the centre had good links with the local hospice. There were arrangements in place for the prompt access to private physiotherapy, pharmacy services, dietitians and a dentist who attended to residents in the centre. There was good access to community occupational therapy services, but limited access to community dietitian and tissue viability services for residents. The provider had arrangements in place for the provision of these services to ensure there was no delay in residents accessing them as necessary. The centre had in place a proactive approach and comprehensive monitoring procedures in place to ensure provision of timely interventions for residents with assessed risk of malnutrition or dehydration.

All residents were accommodated on the ground floor of the premises. Bedrooms were bright and homely and residents were encouraged to personalise the décor. The centre was visibly clean throughout and was maintained and decorated to a good standard with lots of interesting items, bookcases and display cabinets. Space in a number of the multi-occupancy bedrooms was limited, impacting on residents' right to privacy, dignity and choice. Space for the storage of equipment was also limited resulting in equipment being stored in the sluice room, laundry and a bathroom. The resident's bathroom also operated as the centre's hairdressing salon.

The residents were supported to enjoy a meaningful life in the centre and there was a broad and varied group activity programme. The activity programme included a number of group outings and trips organised by the person in charge and staff. There were one-to-one activities such as hand massage, crosswords, nail painting and so on for residents. Residents' activity planning and coordination was not an allocated role for a designated staff member at the time of the inspection and further improvements were required in the assessment of residents' activity needs and documentation of the activities residents participated in. Therefore, close monitoring of these activities was required to ensure residents' activity needs and capabilities were met.

Residents with behaviours and psychological symptoms of dementia were well supported by staff in the centre. Residents were encouraged and supported to optimise their independence where possible and had free access to a safe outdoor garden. Residents' views were valued by the provider and residents were provided with opportunities to participate in the running of the centre. Regular residents' meetings were held and residents were consulted with regarding their care and the service provided. Residents reported to inspectors that they felt safe in the centre and spoke very positively management and care team in the centre.

Staff who spoke with the inspectors were knowledgeable and knew residents and their individual needs well. Inspectors observed that staff had developed good relationships with residents and were committed to ensuring their care was provided to a high standard. Staff informed inspectors they were aware of their responsibilities regarding safeguarding of residents and reporting any concerns. They confirmed that there was no impediment to them reporting any suspicions, disclosures or incidents they may witness.

Risk was managed proactively in the centre and the management team had measures and procedures in place to ensure residents health and safety needs were met. There was a policy and procedures in place to ensure residents were protected from the risk of fire.

Regulation 10: Communication difficulties

All residents had their individual communication needs assessed and this information was used to inform the development of person-centred care plans. Residents with communication difficulties were supported with the use of communication aids such as communication boards. Staff in the centre also facilitated and supported residents to communicate with relatives living in other countries through the use of mobile communication technology.

Judgment: Compliant

Regulation 11: Visits

An open visiting policy was in place in the centre. Several visitors called to see residents during the days of inspection. Visitors told inspectors they were always welcomed into the centre. A record of all visitors to the centre was maintained.

Residents met their visitors in the communal sitting areas. Apart from a residents' bedroom there was no room where visitors could meet their visitors in private. The person in charge confirmed that residents were supported to meet their visitors in private in an annexed area of the communal sitting room. However, inspectors observed their privacy was not assured with this arrangement.

Judgment: Substantially compliant

Regulation 12: Personal possessions

A laundry service was provided in the centre for residents and their clothing was laundered appropriately. Residents' clothing was discretely labelled to ensure safe return to each resident. There were no complaints logged or negative feedback from residents or their relatives regarding the laundry service provided. Residents' clothes were observed by inspectors to be clean, ironed and well cared for.

Residents were provided with storage space in their bedrooms for their clothing and personal belongings. While each resident was provided with individual wardrobe space, their wardrobes were located outside of their bed area in one bedroom with four beds and in some twin bedrooms. There was also limited shelf space in the bedroom with four beds for residents to display their photographs and ornaments.

A record of each resident's possessions was maintained to ensure risk of lost items was mitigated. Each resident was provided with a lockable space in their bedroom for secure storage of their valuable possessions. The provider kept a small amount of money in safekeeping on behalf of one resident for their day-to-day expenses. Records of transactions were maintained and balances were correct. The provider's representative confirmed that they did not act in the role of pension agent for collection of social welfare pensions for residents.

Judgment: Substantially compliant

Regulation 13: End of life

No resident was receiving end-of-life care in the centre on the days of inspection. Inspectors saw that staff consulted with each resident where possible, or their

relatives, as appropriate, to ensure they were aware of residents' wishes regarding their end-of-life care. Each resident was invited and supported to describe their preferences and wishes regarding their physical, spiritual and psychological care and where they wished to receive care should the need arise. This information was regularly reviewed with residents or their family as appropriate to ensure it was up-to-date. In the event of any resident entering the end-of-life phase of their lives, an end-of-life care plan was developed describing their wishes and preferences regarding their end-of-life care needs.

The community palliative care team located in a local hospice facility were accessible to residents as necessary to assist staff and residents' GPs with symptom management. Residents' families were facilitated to stay overnight with residents when they were very ill. Staff outlined how residents' religious and cultural practices and faiths were facilitated. Members of the local clergy from the various religious faiths were available to and provided pastoral and spiritual support for residents.

Judgment: Compliant

Regulation 17: Premises

All residents were accommodated on the ground floor of the centre at the time of the inspection. Although the registered provider and person in charge outlined the plans for renovation and expansion with a new building, the following were areas of concern for inspectors during the inspection:

- The layout and design of the twin and four bed bedrooms - personal space was limited and impacted on residents' right to privacy and dignity.
- Insufficient storage for equipment - inspectors observed equipment being inappropriately stored in the laundry and sluice room.
- A designated laundry room was available and was fitted with appropriate washing and drying equipment. However, the layout and design of the laundry did not reflect best practice laundry standards. For example, there was limited space for segregating clean and used clothing. Used clothing was placed on the floor by the washing machine. Residents' clothing and bed linen was ironed in the clean laundry storage room. The laundry was also used to store residents' equipment such as mattresses.
- There were insufficient numbers of shared toilets and showering facilities as required by the regulations.
- A shared bathroom was also used as the centre's hairdressing salon. The salon equipment was stored routinely in this bathroom. This arrangement did not ensure residents had access to the toilet in this bathroom on the days the hairdresser worked in the centre.
- Furniture throughout the centre required minor paint work.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents' nutritional and hydration needs were assessed and closely monitored with good evidence of timely intervention when necessary. Inspectors observed that residents had access to a safe supply of drinking water and refreshments at all times. Mealtimes were a social occasion and residents were offered sufficient choice and alternative meal options were available. The meals were nutritious and appetising and residents could also enjoy a glass of wine with their food if they chose to. The daily menu was displayed in the dining area and living room and was also communicated by staff to residents to assist them with making informed choices. There were sufficient numbers of staff to assist at meal times and support provided for residents was discrete, patient and kind. Systems were in place to ensure that residents received correct meals as recommended by the speech and language therapist and dietitian. Special diets were communicated to the chef who made every effort to ensure residents were provided with appetising food that met their individual preferences and needs.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide document is prepared and includes a summary of the services and facilities available in the centre. Each resident is provided with a copy of the residents' guide document for their information.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A policy is available in the centre to inform the procedures for the temporary absence or discharge of residents. Arrangements were in place for communication of all relevant information regarding residents' transfer or discharge to the hospital or back into their community. Records were maintained in the directory of residents regarding residents who leave or are temporarily absent from the centre.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date safety statement at the time of the inspection and the centre's risk management policy detailed the five specified risks as required by the regulation. The centre had a comprehensive risk register that detailed the risks identified, risk ratings, the controls implemented, owner of each risk and due date for review. This, demonstrated a proactive approach to risk management. There was an emergency policy in place and a comprehensive evacuation procedure and process. Appropriate arrangements for alternative accommodation for residents in event of an emergency were also in place. Review of incidents and accidents that occurred in the centre was conducted and action plans were formulated to mitigate ongoing risk and to ensure learning and continuous quality improvement in the centre.

Judgment: Compliant

Regulation 27: Infection control

A policy informing infection prevention and control procedures in the centre was available and included management of communicable infections and any infection outbreaks. Hand hygiene dispensers were located at convenient locations throughout the centre. Staff were facilitated to attend training in procedures consistent with the National Standards for infection prevention and control in community services.

Judgment: Compliant

Regulation 28: Fire precautions

Procedures and practices were in place to protect residents from risk of fire in the centre. There were arrangements in place to ensure each resident could be evacuated in the event of an emergency to a place of safety. Each resident had their individual evacuation needs assessed and had a detailed personal emergency evacuation plan (PEEP) in place that included information on the resident's cognitive status and required level of supervision as appropriate. The PEEPs were easily accessible to staff in the event of a fire. All staff were facilitated to attend annual fire safety training and to participate in emergency evacuation drills. Simulated evacuation drills were completed to test the evacuation procedures in place during day and night time conditions and to ensure staff were familiar with these procedures. Staff who spoke with inspectors were familiar with responding to a fire in the centre and the evacuation procedures.

Fire fighting equipment was located throughout the building and emergency exits were clearly displayed and free of any obstruction. Emergency evacuation

procedures were displayed. Daily and weekly fire safety equipment checking procedures were completed. The centre's fire alarm is sounded on a weekly basis to check that it is operational at all times. Quarterly and annual servicing of emergency fire equipment by a suitably qualified external contractor was up-to-date. This contractor also provided an on-call repair service.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by safe medicines management practices and procedures in the centre. There were written operational policies informing the ordering, prescribing, storing and administration of medicines to residents. Practices in relation to prescribing, administration and review of medications met with regulatory requirements and reflected professional guidelines. Medicines to be administered in crushed preparations were clearly prescribed. The maximum dose of PRN (as required) medicines permissible over any 24-hour period was stated in residents' prescriptions. The provider recently introduced an electronic medicines management system and staff were proficient in its use.

The pharmacist who supplied residents' medicines was facilitated to meet their obligations to residents and was available to answer any queries individual residents had regarding their medicines. There were procedures in place for recording and returning out-of-date or unused medicines to the pharmacy. Medicines controlled by misuse of drugs legislation were stored securely and balances were checked twice daily by staff. Medicines requiring refrigerated storage were stored appropriately and the medicine refrigerator temperatures were checked on a daily basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment of their needs completed within 48 hours of their admission. Staff used a variety of accredited assessment tools to complete the comprehensive assessment. This process included assessment of each resident's risk of falling, malnutrition, pressure related skin damage, depression and their mobility support needs among others. This information informed a detailed and very person-centred personal care plan that clearly described each resident's preferences regarding their care. Additional care plans detailed the interventions staff should take to ensure residents' health needs were met. Inspectors found that staff implemented residents' care plans and consulted with residents or their family on their behalf regarding any changes needed. Records were maintained of this

consultation process.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to a GP of their choice and other medical and allied health professional services as necessary. Residents in the centre were cared for by general practitioners from a local practice as they wished. Physiotherapy, occupational therapy, speech and language therapy, tissue viability, chiropody, dental, optical and dietitian services were available to residents as necessary. Residents with needs requiring input by community dietitian and speech and language therapy services were appropriately referred. The provider also had arrangements in place to ensure there was no delay in residents accessing these services. Community palliative care services were based locally and were available to residents as appropriate. Residents were given opportunity and supported to access national health screening programmes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents living with dementia were periodically predisposed to episodes of responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There were robust systems in place to support residents with managing any episodes of responsive behaviours that they may experience. Inspectors saw that residents' responsive behaviours were well-managed with person-centred and supportive de-escalation strategies implemented by staff who knew residents well. The provider ensured that staff were facilitated to attend training in managing responsive behaviours. Behavioural support care plans were developed for residents with responsive behaviours that detailed the triggers to behaviours and the most effective person-centred de-escalation strategies to guide consistency in care procedures.

A minimum restraint environment was promoted by the person in charge and staff. Documentation was in place confirming assessment of need for full-length bedrails and details of alternatives tried were recorded. Safety assessments were completed to ensure bedrails were safe for residents to use prior to implementation and while in use.

Judgment: Compliant

Regulation 8: Protection

The provider had systems and procedures in place to ensure residents were safeguarded and protected from abuse. Staff were facilitated to attend training in recognising and responding to a suspicion, incident or disclosure of abuse. Staff who spoke with inspectors were knowledgeable regarding the different kinds of abuse and how evidence of abuse may present and clearly articulated their responsibility to report. All interactions observed by inspectors by staff with residents were respectful, warm, courteous and kind.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to participate and encouraged to have their say in the running of the centre. Residents' meetings were held quarterly. Satisfaction questionnaires had been completed and residents were regularly consulted informally to inform feedback on the service provided. Residents' meetings were minuted and feedback from residents was actioned. There was good evidence of meaningful discussion in the meeting minutes examined by inspectors.

Residents' religious and civic rights were supported in the centre. Local politicians had attended the centre to speak to residents and arrangements were in place so that residents could vote in the upcoming local and European elections. Residents' religious preferences were also facilitated, a weekly mass was celebrated in the centre. Arrangements for local clergy from various denominations to attend the centre as required had been put in place.

There was a variety of meaningful activities available and residents who met the inspectors confirmed the activities on offer were interesting and enjoyable. The variety of activities available to residents changed on a daily basis and were described in an activity schedule displayed in the residents' sitting room. The person in charge and staff organised outings and other group activities for residents which they enjoyed. Feedback received from a number of residents and relatives in the pre-inspection questionnaires stated their neutrality around activities in the centre. Newspapers and magazines were also available to residents.

Facilities for activities were quite limited and records of activity provision required improvement to provide assurances that the social needs of all residents were met. The main sitting area was used for one-to-one and group activities. The inspectors noted that noise levels were high and space was limited. Not all residents participated in group activities and some residents spent considerable periods in their rooms. It was not evident that the social needs of all these residents were met. Facilitating residents' activities was part of each health care assistants' role.

However, there was no one person with designated responsibility for coordinating provision of activities to meet the residents' individual and collective needs. Improvements were required in the records of residents' activities to provide assurances that residents' interests and capabilities were being met.

Residents and visitors had access to an outdoor enclosed garden and many residents told inspectors that this was an enjoyable and comfortable space to spend time in. The entrance doors to the premises were locked with a coded keypad. Residents who choose to go out independently were facilitated to do so by staff and were provided with the codes of the main door.

The privacy and dignity needs of residents were respected by staff who were observed to knock on residents' bedroom doors before entering. Staff ensured doors to residents' bedrooms, en suites and toilets and bathrooms elsewhere in the centre were closed while assisting residents with their personal care. The layout and design of some twin bedrooms and the four-bedded bedrooms required review to ensure residents' privacy and dignity needs were met. Space was limited in the four bed room and the inspectors were not assured that resident's privacy and dignity could be maintained for instance during transfer procedures. Furthermore, twin and the four-bedded rooms contained only one television for the occupants in the room therefore occupants of the room did not have choice of programme viewing.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant

Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Curragh Lawn Nursing Home OSV-0005536

Inspection ID: MON-0026020

Date of inspection: 22/05/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Fire drill records have been improved to include:</p> <ul style="list-style-type: none"> • the compartment that had been evacuated during the simulated fire evacuation drill • the number of residents and staff involved to reflect the actual number of staff on duty during both day and night shifts. <p>Completed 01/07/2019</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Information regarding additional fees will be clarified in the contract of care. An option for residents to opt-out of these fees and the alternative choice will be outlined.</p> <p>30/09/2019</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits: The visiting area in the Nursing Home has always been enjoyed by Residents and their</p>	

visitors. As the regulation states "in so far as is practicable, a suitable private area is provided" and this visiting area has been compliant on each of the previous Registration Inspections.

On the day of the inspection there was a party in the room which did not allow for privacy should a Resident prefer this. A new visiting room is planned in the extension due to be completed by 31st December 2021.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

All Residents were asked about their satisfaction with their bedrooms and the storage provided to them. Two Residents are waiting to move to a single room and are happy with their current storage and bedroom until a single room becomes available. One Resident's family requested a larger wardrobe and extra locker which was provided immediately following the inspection. Completed 30/05/2019.

In the one bedroom with four beds and in some twin bedrooms where the wardrobe is located within the room but outside the privacy curtain these rooms will be reconfigured in the planned extension due for completion by 31/12/2021. The Residents in these rooms have expressed their satisfaction with the current configuration in the meantime.

More shelf space has been added in the bedroom with four beds for residents to display more of their photographs and ornaments. Completed 01/07/2019

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- The layout and design of the four-bedded room and some of the twin bedrooms as identified in the DON's audit will be redesigned and reconfigured in the planned extension as discussed with the Inspectors. 31/12/2021
- The equipment which was stored inappropriately in the laundry and sluice room was removed. 30/05/19
- Further storage areas are planned in the new extension- for completion 31/12/2021
- The layout and design of the laundry has been reviewed and will be reconfigured in the planned extension. 31/12/2021
- The clothing which was placed on the floor by the washing machine was removed and

Laundry Staff have been reminded to store clothing appropriately. 22/05/19

- The resident's equipment has been removed from the laundry. 22/05/19

- The Provider assures the Inspectors that there are sufficient numbers of shared toilets and showering facilities as required by the regulations.

However as one communal bathroom is used weekly to facilitate the Hairdresser she will provide hairdressing in the Residents own bedrooms until the Hairdressing facility can be provided in the new planned extension. This arrangement will now ensure residents have access to the toilet in this bathroom on the days the hairdresser works in the centre.

Completed 30/05/19

- An additional communal bathroom and an ensuite in the four bedded room is planned and will be completed by 01/02/2020

- The salon equipment will be stored in a new storage area. 01/02/2020

- A full audit of all furniture throughout the centre has been conducted and any furniture which required minor paint work have been painted.

Completed 01/07/2019

- Some furniture belonging to Residents who did not wish this maintenance to be carried out has been documented on their property list. Completed 01/07/2019

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	31/12/2021
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and	Substantially Compliant	Yellow	30/05/2019

	finances and, in particular, that a resident uses and retains control over his or her clothes.			
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	31/12/2021
Regulation 17(1)	The registered provider shall 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.	Not Compliant	Orange	31/12/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out	Not Compliant	Orange	31/12/2021

	in Schedule 6.			
Regulation 21(1)	The registered provider shall 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.	Substantially Compliant	Yellow	01/07/2019
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	30/09/2019
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Yellow	31/12/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and	Substantially Compliant	Yellow	01/07/2019

	capacities.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Yellow	30/06/2019
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/12/2021