

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Carthage Nursing Home
Centre ID:	ORG-0000021
Centre address:	Mucklagh, Tullamore, Offaly.
Telephone number:	057 935 2863
Email address:	info@carthagenursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Anvik Company Limited
Provider Nominee:	Catherine Murphy O'Connor
Person in charge:	Catherine Murphy O'Connor
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	65
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
13 May 2014 10:30	13 May 2014 17:30
14 May 2014 09:30	14 May 2014 15:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Authority’s Regulation Directorate prior to inspection. As part of the registration renewal process, interviews were carried out with person in charge, the clinical nurse manager (CNM), the general manager and the operations manager. The person in charge is also the person authorised to act on behalf of the provider and is referred to as the person in charge throughout the report.

Overall, the inspector found that the person in charge met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The safety of residents was promoted. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons.

The dining experience was pleasant, and residents were treated with respect and dignity by staff. The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. However some medication practices required improvement. Further work was also required to ensure that each resident had opportunities to participate in activities appropriate to their interests and capacities. The premises were well maintained but action was required to ensure that the size and layout of the bedrooms is suitable to meet the needs of all residents.

There was evidence of safe recruitment practices but further documentation needed to be completed relating to volunteers. These are discussed further in the report and included in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It accurately described the service that was provided in the centre and was kept under review by the person in charge and the provider and was available to residents.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector read a sample of completed contracts and saw that they met the requirements of the Regulations. They included details of the services to be provided and the fees to be charged. The inspector saw that they were currently being updated to provide greater clarity around the fees charged.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Catherine Murphy O'Connor is the person in charge. She is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre.

During the inspection she demonstrated her knowledge of the Regulations, the National Quality Standards for Residential Care Settings for Older People in Ireland and her statutory responsibilities. All information required was to hand.

The person in charge had maintained her continuous professional development having previously undertaken a Further Education and Training Awards Council (FETAC) Level 6 course in management. The person in charge also maintained her clinical skills by attending courses such as end of life care and tissue viability.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Adequate insurance was in place. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge was aware of her responsibility to notify the Authority should she be absent for more than 28 days. To date this had not been necessary. The person in charge is supported in her role by a clinical nurse manager (CNM) who deputises for her in her absence. The inspector interviewed this nurse and found that she was aware of the responsibilities of the person in charge and had up to date knowledge of the Regulations and Standards. There was ample evidence of continuous professional development.

Outcome 06: 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.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector viewed the training attendance records and saw that all staff had received training on identifying and responding to elder abuse. The inspector read that additional training was for this year. The inspector found that staff were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge was clear about the measures she would take if they received information about suspected abuse of a resident.

Residents spoken to confirmed to the inspector that they felt safe in the centre. They primarily attributed this to the staff being available to them at all times and the locked doors.

Administration staff managed small amounts of money for some residents. The inspector was satisfied that this continued to be managed in a safe and transparent way, guided by a robust policy. The inspector saw that this was securely stored in a locked safe and balances checked were correct. Deposits and withdrawals were witnessed by two people and receipts were maintained.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff was sufficiently promoted and protected.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. The risk management policy had been updated since the previous inspection and now met the requirements of the Regulations. The environment was kept clean and was well maintained and there were measures in place to control and prevent infection.

Robust procedures for fire detection and prevention were in place. Service records indicated that the emergency lighting and fire alarm system were serviced three-monthly and fire equipment was serviced annually. The inspector noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. The fire alarm system was in working order. There was evidence of frequent fire drills taking place and all staff had attended training. Previous action required relating to gaps

between the door frames had been addressed.

All staff had attended the mandatory training in moving and handling. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately. The inspector saw that the operations manager had completed a demonstrator's course in moving and handling and this facilitated the provision of frequent training sessions. In addition risk assessments on the use of hoists were currently being developed.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector was not satisfied that each resident was protected by the designated centre's policies and procedures for medication management.

Some residents required their medications to be crushed. This was identified as an area for improvement at the last inspection. However this was still not in line with professional guidelines and individual medications were not prescribed that way. Advice had been sought from the pharmacist on the safety of crushing the medications and written information was available.

The inspector was concerned that routine daily medications were being administered to residents at 07:00hrs without evidence of clinical need. They were administered by the night nurse as part of a routine and there was no evidence that this was related to residents' choice. In addition the inspector saw that the medications were removed from their original containers and placed in individual cups for administration at a later time. The inspector was concerned that this increased the risk of medication errors and was not in line with professional guidelines.

The inspector saw that the policy had been updated since the previous inspection. Written evidence was available that three-monthly reviews were carried out.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of

each shift. The inspector checked the balances and found them to be correct.

A medication fridge was available in a locked room and the inspector noted that the temperatures were within accepted limits. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The inspector saw that all relevant details of each incident were recorded together with actions taken. The person in charge had developed a monitoring system and all incidents were analysed for the purposes of learning.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that systems were in place to ensure that the quality of care given to residents was monitored, developed and improved on an ongoing basis. Audits were being completed on several areas such as care planning, falls, medication management and health and safety issues. The inspector saw that the results of these audits were shared with all staff at team meetings.

There was evidence of improvements being identified following these audits and interventions put in place to address them. For example following a falls audit, additional supervision was provided in the day room and the overall incidence of falls had reduced.

Data was also collected each week on the number of key quality indicators such as the use of restraint and the number of wounds, to monitor trends and identify areas for improvement.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. However further work was required to ensure that each resident had opportunities to participate in activities appropriate to their interests and capacities.

Two activity coordinators were employed and the inspector saw that a range of activities was available including art, knitting, music and crafts. However several sessions were group sessions held in an activity room upstairs. The inspector joined the residents and saw that they were busy at arts and crafts. They showed the inspector the knitting recently completed and the plan to make a quilt with each resident responsible for a different section. The inspector saw that 12 to 15 residents were busily occupied in this room. However a large number of residents were seen sitting unoccupied for long periods of time in the day room downstairs. The inspector was concerned that residents

who did not like or were unable to participate in group sessions did not have sufficient opportunities to participate in activities that were meaningful and purposeful to them.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans with evidence of resident or relative involvement at development and review.

The inspector reviewed the management of clinical issues such as wound care, nutritional care, falls management and the use of restraint and found they were well managed and guided by robust policies. Currently there were no residents who exhibited episodes of behaviour that challenged.

Weight management is discussed in more detail under outcome 15.

Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral to the local hospital or privately including speech and language therapy (SALT), occupational therapy (OT) and dietetic services. Chiropractic, dental, optical and audiology services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found that the premises were well maintained and nicely decorated. The communal areas such as the dining room and the day room had a variety of comfortable furnishings and were domestic in nature. Residents were encouraged to personalise their rooms although many chose not to. Heat, lighting and ventilation were adequate and the temperature of the building met requirements in bedrooms and communal areas where residents sat during the day.

There were four multi occupancy rooms. The person in charge discussed plans to reduce the occupancy in some of these and to add in additional ensuite facilities. The inspector

did note that there was insufficient space to allow privacy to be maintained in one four bedded room.

A high level of cleanliness and hygiene was maintained in the centre. Cleaning staff were working in an unobtrusive manner which did not disturb residents. The environment was well maintained and there were measures in place to control and prevent infection.

Calls bells were provided and staff confirmed that there was a sufficient supply of assistive equipment such as hoists, specialised beds and mattresses to meet residents' needs. Servicing and maintenance records for the equipment were up-to-date.

There were two safe enclosed garden areas available to residents. They were well maintained and had suitable furniture.

Kitchen and laundry facilities are discussed under Outcomes 15 and 17.

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The complaint's policy had recently been updated and the inspector noted that it met the requirements of the Regulations. The complaints policy was on display in the centre. Residents and relatives who completed questionnaires and those who spoke with the inspector knew the procedure if they wished to make a complaint.

A complaints log was maintained and the inspector saw that it contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided in centre. This practice was informed by the centre's policy on end of life care.

The inspector saw where if the bereaved relatives so wished, the resident's remains could remain in the centre. An oratory was available for the religious ceremony for those residents who wished the removal to be held in the centre following death. The local palliative care team provided support and advice when required.

The person in charge and CNM told the inspector about work currently underway regarding end of life preferences including the development of additional assessment and documentation of residents' preferences regarding their end of life care.

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector was satisfied that residents received a nutritious and varied diet that offered choice and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff.

Residents' dietary requirements were met to a high standard. The chef on duty discussed with the inspector the special dietary requirements of individual residents and information on residents' dietary needs and preferences. The catering staff got this information from the nursing staff and from speaking directly to residents. Residents confirmed that they enjoyed the food.

Staff were seen to assist residents who required assistance discreetly and respectfully. The inspector saw that adequate choices were available for residents who required a modified consistency diet. Records showed that some residents had been referred to the speech and language therapist (SALT). Specific recommendations regarding the consistency of meals and particular eating requirements were recorded in the residents' notes.

The kitchen was clean and well organised and appropriately stocked with adequate supplies of meat, fruit and fresh vegetables. The inspector saw residents being offered a variety of snacks and drinks and staff regularly offered drinks to residents. Residents told the inspector that they could have tea or coffee and snacks any time they asked for them.

Weight records were examined which showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a monthly basis. The inspector reviewed residents' records and saw where residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

The inspector noted that following residents' meetings described under Outcome 16, suggestions made relating to meals had been acted upon.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were consulted with and participated in the

organisation of the centre. Each resident's privacy and dignity was respected and they were enabled to exercise control over their lives.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name.

Residents' civil and religious rights were respected. Residents confirmed that they had been offered the opportunity to vote at election time. In-house polling was available and arrangements were in place for the upcoming election. Mass took place on a weekly basis. The person in charge said that residents from all religious denominations were supported to practice their religious beliefs.

A residents' committee had been established. The inspector read the minutes of some of these meetings and noted that suggestions made by residents had been addressed by the person in charge. For example residents had said that the chairs in the front reception area were too low and the inspector saw that these had been changed. The person in charge told inspectors how she promoted links with the local community. Residents were facilitated to maintain contact with their clubs and groups with a resident continuing to attend his local day centre. The inspector also saw that the local credit union came in to the centre at residents' requests.

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents could have their laundry attended to within the centre. The inspector visited the laundry which was well equipped and organised. The inspector spoke to the staff member working there and found that she was knowledgeable about the different processes for different categories of laundry. Residents expressed satisfaction with the laundry service provided.

Adequate storage space was provided for residents' possessions. Some relatives had commented in their questionnaires that additional attention was required around the care of personal clothes in the wardrobes. However the sample of wardrobes checked by the inspector were clean and organised.

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.

Theme:

Workforce

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

Although there was ample evidence of good practices, further improvement was needed to ensure that the documentation maintained for volunteers met the requirements of the Regulations.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. However they had not been vetted appropriate to their role nor did they have their roles and responsibilities set out in a written agreement as required by the Regulations.

There was evidence of safe staff recruitment practices and the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the Regulations. The inspector examined a sample of staff files and found that all were complete.

The inspector confirmed that up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. The inspector was satisfied that there was sufficient staff on duty to adequately provide care to the residents. Twilight shifts were in place to ensure adequate staff were available to assist residents returning to bed.

The person in charge promoted professional development for staff. Training was tailored to meet residents' needs. Staff told the inspector they had received a broad range of training which included continence promotion, falls prevention and infection control. Yearly staff appraisals were carried out and the inspector saw that staff identified future training requirements which were then provided.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report¹

Centre name:	Carthage Nursing Home
Centre ID:	ORG-0000021
Date of inspection:	13/05/2014
Date of response:	30/05/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 08: Medication Management

Theme: Safe Care and Support

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

Medications to be crushed were not individually prescribed that way.
Daily medications were administered too early.
Medications were removed from their original containers hours before administration.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Medications to be crushed are now individually prescribed – completed

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

We are in the process of changing the dispensing and administration time of medication using the monitored dosage system and will aim to have the system in place by 30th June 2014

Proposed Timescale: 30/06/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

Some residents did not have sufficient opportunities to participate in activities that were meaningful and purposeful to them.

Action Required:

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

A second staff member has been allocated to provide meaningful activity/stimulation in the central area each morning- completed

Proposed Timescale: 30/05/2014

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 was insufficient space to meet the needs of the residents in one multioccupancy room.

Action Required:

Under Regulation 19 (3) (f) you are required to: Ensure the size and layout of rooms occupied or used by residents are suitable for their needs.

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

We are currently assessing the layout of the four multi-occupancy rooms and the requirements needed for those areas with a view to reducing occupancy in these rooms from four beds to three.

We are viewing other areas in the nursing home to relocate these beds.

Proposed Timescale: 01/07/2015

Outcome 18: Suitable Staffing

Theme: Workforce

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

Volunteers did not have their roles and responsibilities set out in a written agreement as required by the Regulations.

Action Required:

Under Regulation 34 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.

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

Roles and responsibilities have been drafted and will be signed by each volunteer/contract worker and kept on record.

Proposed Timescale: 13/06/2014

Theme: Workforce

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

Volunteers had not been vetted appropriate to their role.

Action Required:

Under Regulation 34 (c) you are required to: Ensure volunteers working in the designated centre are vetted appropriate to their role and level of involvement in the designated centre.

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

All volunteers and regular contract workers are currently undergoing the Garda vetting process.

Proposed Timescale: 31/08/2014