**Centre name:** Thorpe’s Nursing Home  
**Centre ID:** ORG-0000436  
**Centre address:** Clarina, Limerick.  
**Telephone number:** 061 353 007  
**Email address:** thorpesnh@gmail.com  
**Type of centre:** A Nursing Home as per Health (Nursing Homes) Act 1990  
**Registered provider:** Barnacyle Nursing Home Limited  
**Provider Nominee:** Michael O'Shea  
**Person in charge:** Sabeena Jose  
**Lead inspector:** Julie Hennessy  
**Support inspector(s):** Gemma O'Flynn;  
**Type of inspection** Announced  
**Number of residents on the date of inspection:** 25  
**Number of vacancies on the date of inspection:** 1
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

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<td>10 June 2014 08:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

This report sets out the findings of an announced inspection of Thorpe’s Nursing Home following an application by the provider to renew the registration of the centre.

The inspectors met with residents, a relative, staff, the provider, the person in charge, the assistant director of nursing (ADoN) and the centre manager. Inspectors observed practices, the physical environment and reviewed documentation such as medical records, risk assessments, policies, procedures and staff files.

Inspectors found that the provider demonstrated continuing commitment to the regulatory process. Inspectors found evidence of good practice across all outcomes.
The premises were homely, clean, and warm and decor was maintained to a good standard. The centre provided a pleasant and calm environment for residents. There was evidence of good governance and management in relation to the quality and safety of the care that residents received. Management were supportive of staff education and training needs and this was reflected in the delivery of evidence-based care to residents. Activities and therapies were meaningful and specific to the residents’ needs. Staff interacted with residents in a kind and warm manner. Staff were knowledgeable about residents’ likes, dislikes and personal preferences.

The action plan at the end of this report identifies two required actions to meet 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.

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

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

Findings:
There was a written statement of purpose that accurately described the ethos of the centre and service that was provided for residents.

The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 and was kept under review.

Inspectors spoke with staff and found that they were familiar with the statement of purpose and a copy was made available to residents and visibly located in the entrance hall.

Inspectors found that the statement of purpose was clearly implemented in practice. For example, residents were treated as individuals and their preferences were taken into account and staff were provided with continuous professional development and training.

Judgement:
Compliant
### Outcome 02: Contract for the Provision of Services

**Theme:** Leadership, Governance and Management

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

**Findings:**
Each resident had a written contract of care that provided details of services to be provided for that resident and the fees to be charged.

Inspectors reviewed a sample of residents’ files and found that each resident had a written contract that was agreed within a month of admission. The contracts clearly set out the services and the fees to be charged for services provided in the centre. Each resident’s contract addressed the care and welfare of the resident in the centre.

**Judgement:** Compliant

### Outcome 03: Suitable Person in Charge

**Theme:** Leadership, Governance and Management

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

**Findings:**
The designated centre was managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the service provided.

The person in charge was full-time and was person in charge for two centres owned by the same provider. The inspectors were satisfied that arrangements in place to ensure that the person in charge was engaged in the governance, operational management and administration of the designated centre on a regular and consistent basis were adequate. The person in charge worked two days per week in the centre and was supported in her role by an assistant director of nursing (ADON). The provider also worked alongside the person in charge in the designated centre two days a week. Inspectors saw evidence of regular management meetings between the provider, person in charge and ADON and the person in charge confirmed that she was well supported in
The person in charge was a registered nurse and inspectors found that she was knowledgeable of the relevant legislation and her responsibilities under the legislation. The person in charge demonstrated her commitment to her own professional development and education. For example the person in charge had completed a FETAC Level 6 course in Gerontology in 2013 and a 3-day course in “Leading an Empowered Organisation” in January 2014. She had also completed a range of short educational courses including in relation to; medication management, end of life care, pain management, nutrition and clinical governance.

The inspectors were satisfied that the ADON demonstrated sufficient clinical knowledge to support the person in charge, which was in turn demonstrated in practice over the course of the two days. Additional supports were also available for example, the centre manager, who is a qualified nurse with extensive experience in care of the older person, worked alongside the ADON when the person in charge was not in the centre. The ADON confirmed that she was very well-supported in her role. Inspectors spoke with the ADON and found that she was very familiar with the Regulations and Standards.

The provider was actively involved in the governance and management of the centre on a regular basis. The provider clearly knew the staff and residents very well. As previously mentioned, the provider was in the designated centre two days a week. Management meetings between the provider, person in charge and ADON took place during these days. Although minutes were not kept of management meetings, inspectors found that the centre was very well run and the person in charge and ADON confirmed such meetings took place.

Staff were able to identify the lines of authority and inspectors spoke with residents who identified the person in charge, the ADON, the centre manager and the provider.

Judgement:
Compliant

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

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.
Findings:
All records as required by the Regulations were maintained in the centre. Some improvements were required to ensure that all policies accurately reflected the good practices in the centre.

Records were kept securely, were accessible and were kept for the required period of time.

Some gaps were identified in the Directory of Residents as the gender and marital status of all residents was not recorded, as required by the Regulations. The provider updated the Directory of Residents and submitted evidence the day following the inspection.

All of the key policies as listed in Schedule 5 of the Regulations were in place and were regularly reviewed. While overall the policies were adequate, the policy relating to medication management required improvement to more accurately reflect the good practices in the centre and this is further discussed under Outcome 8: Medication Management. Inspectors noted that the need to further develop some policies had been identified by the person in charge as this was documented in staff meeting minutes and significant work had already taken place in relation to policy review and development. Inspectors found that staff understood the policies and implemented them in practice.

Inspectors found that overall, the system in place for maintaining files and records was very well organised with clear systems in place.

Residents’ records were kept in a secure place and entries to the nursing and medication records were accurately maintained in line with relevant professional guidelines. Daily records were completed and outlined the full range of care and treatment provided to residents.

Records relating to inspections by other authorities were maintained in the centre and inspectors viewed documentation relating to food safety and fire safety.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the Regulations.

Judgement:
Compliant
## Outcome 05: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Leadership, Governance and Management

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

**Findings:**
Notifications in relation to the absence of the person in charge had been made to the Authority as required.

Suitable arrangements were in place for the absence of the person in charge with the ADON deputising in the absence of the PIC. Weekend and out of hours cover was alternated between the person in charge and ADON, with the provider and manager also available for additional support if necessary.

**Judgement:**
Compliant

## 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

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

**Findings:**
There were measures in place to protect residents from being harmed or suffering abuse in the centre.

There was a policy in place on the prevention, detection and response to abuse, which was within date.

All staff had received training on protection of vulnerable adults. Inspectors spoke with staff and found that they were knowledgeable about the signs of abuse, what constitutes abuse and what to do in the event of abuse.

Inspectors spoke with residents who confirmed that they felt safe in the centre and
were very complimentary of how well they are treated by staff.

Consent for photos of residents that were held in their files or attached to their medication chart had been obtained since the previous inspection.

The provider informed the inspector that there were no known allegations of abuse at the time of inspection.

The inspector was satisfied that there were measures in place to protect residents from financial abuse.

The provider confirmed that he was not acting as the agent for any resident at the time of inspection. The provider confirmed that a system would be implemented should this be the case.

Monies were being held for one resident at the time of inspection. The inspector found that a clear transaction log was being maintained and the amount held corresponded to the records kept.

**Judgement:**
Compliant

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**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

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

**Findings:**
Overall, the health and safety of residents, visitors and staff was promoted and protected. Improvements were required to ensure that moving and handling techniques were in line with current best practice.

The centre had policies and procedures relating to health and safety. There was an up-to-date health and safety statement. The items set out in Regulation 31(2) had been included in the risk management policy since the previous inspection.

A number of risk assessments had been completed since the previous inspection using a recognised risk assessment tool. Risk assessments were completed by the provider, who had extensive experience in risk management. Inspectors viewed risk assessments pertaining to work activities and work areas, including the prevention of slips, trips and falls, infection control and medication management.

While all staff were trained in the moving and handling of residents, inspectors found
that safe moving and handling training was not always put into practice as outdated manual handling techniques were observed on a few occasions over the course of the two-day inspection.

Satisfactory procedures were in place for the prevention and control of infection, including clear policies, staff trained in infection control, cleaning schedules, risk assessments and appropriate faculties and equipment. Inspectors spoke with staff who displayed a good appreciation of the principles of infection prevention and control. Inspectors spoke with the cleaner who had received additional training in environmental cleaning and was knowledgeable about infection prevention and control, including for example, the management of potentially infection laundry. Inspectors observed that a glucometer was in use in the centre for the checking of blood sugar levels, which was clean, dedicated to one resident and contained disposable parts (glucose sticks and needles).

Arrangements were in place for investigating and learning from incidents or adverse events involving residents with actions clearly documented and discussed at team meetings. Inspectors reviewed records since the previous registration inspection and found that there had been no serious injuries to residents in the centre during that time.

Inspectors observed that there were a range of measures in place to prevent accidents in the centre and grounds. For example, handrails were provided in circulation areas; grab rails were provided in bath shower and toilet areas; there was suitable flooring that was in good condition.

Although there was an informal system in place for identifying and addressing items that required repair or replacement and no obvious hazards were identified by inspectors during the inspection, a formal system that involved carrying out hazard inspections was required to capture any maintenance issues or other new hazards arising in the future.

There was an emergency plan in place for responding to emergencies that included events such as loss of heat, power and water. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. There were adequate means of escape and fire exits are clear and unobstructed.

Fire safety training was up to date and inspectors spoke with staff and found that they were very knowledgeable about what to do in the event of a fire.

There were are fire drills at six monthly intervals. Improvements were required to the documentation of fire drills to ensure that any future actions required following a drills would be documented for monitoring purposes.

Suitable fire equipment was provided. Servicing records were in date, including fire alarms serviced on a quarterly basis and fire safety equipment on an annual basis. There was written confirmation a competent person that all the requirements of the statutory authority was complied with.

**Judgement:**
Non Compliant - Moderate
**Outcome 08: Medication Management**

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

**Theme:**

Safe Care and Support

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

No actions were required from the previous inspection.

**Findings:**

Each resident was protected by the designated centre’s policies and procedures for medication management.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents that were within date. While overall the policies were sufficient to guide practice, some further improvements were required. For example, policies did not clearly outline the centre's practice in relation to the ordering of medications, transcribing of medications, crushing of medications, the management of residents on anti-coagulant medications or the administration of medications via PEG. This was previously referenced in Outcome 4: Records and documentation to be kept at a designated centre.

The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. Medications were checked on receipt from the pharmacy and records were maintained. Controlled drugs were managed in line with relevant guidelines and legislation. The inspector carried out a random check of controlled drugs and found that the count was correct.

Inspectors observed the medications round and found that the nurse adhered to appropriate medication management practices.

Appropriate procedures were in place for the handling and disposal of unused and out of date medicines, which were segregated from other medications, as required. A record was maintained of medications returned to pharmacy.

An assessment template was available for any residents who chose to be responsible for their own medication following an appropriate assessment. There were no residents self-administering medication at the time of inspection.

Monthly audits were completed for reviewing and monitoring safe medication management practices and these were supplemented by quarterly audits by the ADoN and pharmacist. There was evidence of learning from such audits with areas for development identified.

**Judgement:**

Non Compliant - Minor
### 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.

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<tr>
<td>A record of all incidents occurring in the designated centre was maintained, as required by the Regulations. There had not been any notifiable incidents in the centre since the previous inspection. Quarterly reports were provided to the Authority as required.</td>
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### 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.

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<td>There was a system in place for monitoring and improving the quality and safety of care and the quality of life of residents in the centre.</td>
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The risk management policy included a section on auditing that described data that was collected on a weekly basis and reviewed on a monthly basis. Audit tools were used and an auditing schedule was in place.

The person in charge had recently attended a one-day course in 'Clinical Governance in Nursing Homes', which included clinical auditing.

Monthly audits were completed in relation to activities, suggestions and complaints; pressure ulcers; accidents and falls; staff files; and medications, which were supplemented by quarterly more comprehensive medication management audits by the ADON and pharmacist. Analysis of accidents and incidents was also completed.

The person in charge had commenced auditing against the Standards in January 2014
and the inspector viewed a range of audits, including those relating to staff files, resident files, privacy and dignity, end of life care, complaints and assessments of needs.

While overall, the system in place was very comprehensive, some improvements were required in relation to the accuracy of the information captured in the audits and this was discussed with the provider, the person in charge and the ADON, who were very responsive.

Feedback from residents was captured in a number of ways. Residents meetings were held every two months and feedback was sought in relation to activities, food and any complaints about members of staff. Inspectors reviewed the minutes of the meetings and noted that action had been taken to address any issues raised. There had been no complaints about members of staff.

Judgement:
Compliant

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

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

Theme:
Effective Care and Support

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

**Findings:**
Inspectors found that residents’ healthcare needs were met and they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to GP services and there was an out-of-hours GP service available. The inspector reviewed a sample of files and found that residents had timely access to a GP. Residents had been referred to other medical and nursing professionals, for example, to the diabetic eye clinic. Blood tests were organised when required.

Inspectors reviewed residents’ files and found that a full range of allied health services was available including; speech and language therapy (SALT), physiotherapy, dietetics and chiropody.
Results of tests and report findings and recommendations were maintained in the residents’ notes.

Each resident had a comprehensive assessment of need and the resident’s activities of living were re-assessed on a three-monthly basis, or as changes arose. Where needs were identified, a care plan was developed.

Each resident had risk assessments completed using validated tools, for example, in relation to their mental test score, risk of falls, risk of pressure sore development and their urinary continence. Where risks were identified, a care plan was developed. Care plans were reviewed every three months or more frequently if necessary, as required by the Regulations.

An individual hazard identification sheet was completed for individual hazards identified by nursing staff, including smoking and hazards relating to manual handling.

Each resident had a vital signs sheet that monitored their vital signs, such as blood pressure, temperature and pulse. Blood sugar levels were monitored for residents with diabetes. A daily nursing report was maintained.

There were no residents with pressure ulcers or wounds at the time of inspection.

Where residents refused treatment, this was respected and documented in the residents’ files.

The person in charge told inspectors that bedrails were in use for eight residents. Inspectors reviewed a sample of such files and found that the management of restrictive practices was in line with the National Policy on Restraint. For example, a restraint assessment tool was completed; a monthly review took place, consent was sought, alternatives were considered and residents’ were monitored when bedrails were in use.

Overall, inspectors found that resident’s files reflected the needs, capacities and wishes of the residents. However, some gaps in documentation were found including information that was present but not easily retrievable and inconsistent information. For example, a risk assessment of a resident’s dependency level indicated that a resident was independent for bathing while their care plan said that they needed the assistance of one person. The person in charge had already identified such gaps and was able to demonstrate to inspectors that she was in the process of reviewing all files and had already updated a large number of residents’ files to address such gaps.

Inspectors found that each resident had opportunities to participate in meaningful activities that residents’ confirmed they enjoyed and found interesting. The daily and weekly activities schedule was displayed. Inspectors observed residents enjoying a variety of activities and hobbies during the inspection including art, group physiotherapy, reading and singing. Many of the residents actively partook while others stated that they enjoyed listening and looking on. One resident described how much she enjoyed art classes, singing and dancing, music, playing cards and being brought out by her family. A number of residents confirmed that they enjoyed being involved in the garden.
Feedback from residents about activities was sought monthly, documented and evaluated. Inspectors noted that the introduction of raised beds in the garden was brought about as a result of expressions of interest in gardening by residents.

**Judgement:**
Compliant

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**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

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

**Findings:**
The location, design and layout of the centre was in line with the statement of purpose; was suitable for its stated purpose; met the residents' needs and; there was appropriate equipment for use, which was properly maintained.

The premise was located in a rural setting on the outskirts of the village of Clarina. The centre was set on large grounds with a secure rear garden. The rear garden contained seating, walkways and raised vegetable beds. The gardens were landscaped and well maintained by the provider and made for a very pleasant setting for residents to enjoy.

The centre was homely, comfortable and clean and decor was maintained to a good standard. There was adequate private and communal accommodation, with suitable space provided for residents to receive visitors in private, should they so wish.

Accommodation comprised 16 single bedrooms and five twin-bedded bedrooms, all with wash-hand basins. There were a sufficient number of toilets, bathrooms and showers in the centre. Each bedroom accommodated a bed, a bedside locker, a wardrobe, a chair and any specialised equipment or furniture as required by any resident. There was suitable storage for residents' belongings and each wardrobe contained a small safe that could be locked.

Adequate privacy was ensured; shared rooms provided screening that ensured privacy for personal care. All rooms allowed for adequate movement of residents and staff, free movement of a hoist or other assistive equipment and free access to both sides of the bed. There was a functioning call bell system in place throughout the centre.

There were suitable staff facilities for changing and storage and sleeping
accommodation for staff was provided as needed in connection with their work.

There was a separate kitchen with sufficient cooking facilities, equipment and tableware and provision for suitable and hygienic storage of food.

There were adequate sluicing facilities provided and arrangements were in place for the proper disposal of domestic and clinical waste. Adequate arrangements were in place for the management of laundry and this was done on-site, including the laundering of bed linen, towels and residents' clothing.

There was suitable assistive equipment provided, including electric beds, hoists, wheelchairs, walking frames, pressure relieving air cushions and mattresses. Inspectors reviewed servicing records and they were all up to date. Staff had received training or instruction in relation to how to use equipment correctly. There was ample storage space and equipment was stored safely and securely.

Judgement:
Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
The inspectors found evidence of good complaints management.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed in a prominent location but did not include all of the information required by the Regulations, such as the names of the nominated person to deal with complaints and the independent nominated person who maintains specified records and ensures that all complaints are appropriately responded to. The complaints procedure was updated to include the names of such personnel and forwarded to the inspector the day following inspection.

The inspectors reviewed the complaints log, which had been updated since the previous inspection and the form now allowed for the inclusion of whether the complainant was satisfied with the outcome of any complaints. All complaints to date had been investigated and responded to appropriately.

A transparent system was in operation in the centre; the centre manager formally asked residents on a monthly basis whether they had any complaints about staff and
documented the response. Audits of any complaints also took place.

**Judgement:**
Compliant

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**Outcome 14: End of Life Care**

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

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

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

**Findings:**
Residents in the centre received care at the end of their lives that met their physical, emotional, spiritual and psychological needs.

There was a policy on the management of end of life care which was comprehensive and within date. Ancillary policies included those relating to the use of a syringe driver and pain management.

Each resident had a comprehensive assessment of needs that captured their end of life wishes, preferences and needs including, their choice of place of death, religious intervention desired, clothes for burial and people they wished to be with them at the end of their lives.

Inspectors reviewed the care plans of residents at end of life and found that, although the practice delivered fully met the needs of the residents, care plans did not fully direct the care to be given. For example, one care plan contained information that was no longer relevant such as, to monitor the residents' weight regularly. This items was previously referenced in Outcome 11: Health and Social Care Needs.

There was access to palliative care services if required from a hospice team. Medical and nursing notes demonstrated input from palliative care for one resident.

Respect for remains of the deceased person was demonstrated and were consistent with the expressed wishes of the resident that had been previously captured and documented, for example, whether the resident wished to be 'waked' or not.

Family were consulted regarding the removal of remains, for example in relation to the choice of undertaker and which family member would look after certain arrangements.

The option of a single room was available to those residents who shared rooms and family and friends were facilitated to be with their loved ones towards the end of their lives. Facilities for family and friends to stay overnight were available, including a visitors
room and accommodation.

All staff had received training in end of life care in March 2014 and displayed a good understanding of how to meet the needs of residents and the importance of advanced care planning, which was demonstrated in practice.

Staff confirmed that they were supported by management following the passing of a resident. The person in charge explained how they told residents of the passing of another resident individually and supported them at such times. Residents who had passed were remembered at weekly Mass. There was a range of information regarding bereavement available for family and friends.

**Judgement:**
Compliant

**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

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

**Findings:**
Inspectors found that residents' nutritional needs were met; special dietary requirements were addressed and the residents' nutritional and hydration status was closely monitored.

There were a range of policies in place relating to food and nutrition that were within date. Inspectors spoke with staff and found that they were aware of such policies and how they should be implemented in practice.

Each resident had their risk of malnutrition assessed using a validated risk assessment tool, and a re-assessment every three months or more frequently if required. Residents were monitored for changes in weight on a monthly basis, or more frequently if required. Monitoring of fluid balance was completed where indicated, for example, the inspector reviewed a fluid balance sheet for a resident being fed via Percutaneous Endoscopic Gastrostomy Tube (PEG). Input from allied health professionals was implemented in practice; for example, the inspector reviewed the care plan of a resident who had been referred to the SALT and the care plan reflected the specific advice of the SALT review. A resident with clinically significant weight loss had been referred to a dietician. Nutritional supplements were administered as prescribed by the GP.

The inspector spoke with the chef on duty who was knowledgeable regarding residents
special diets, likes and dislikes. There was a list of residents on special diets in the kitchen. The chef was fully aware of different types of modified diet and was able to describe them accurately.

Residents were offered a varied nutritious diet, as evidenced by previous menu plans. Meals were planned on a weekly basis. The menu was displayed in the dining room and choice was offered at every meal. A number of the residents told inspectors that the food was very good. Inspectors saw a variety of home-cooked food including homemade soups, scones and apple tart. Food was presented and served in an attractive manner and those on a modified consistency diet received the same choice as those on other diets.

Residents stated that food, drinks and snacks were available to them at all times. A variety of hot and cold drinks were available throughout the day. Staff were observed offering and encouraging drinks throughout the two inspection days.

Meals were served in the homely dining room adjoining the kitchen. Residents’ art work was displayed on the dining room wall. The tables and chairs were suitable and table settings were adequate with condiments and napkins provided. A choice of drinks was offered. The atmosphere during dinner was relaxed and unhurried. Staff were observed to offer assistance to those who required it while encouraging other residents to eat independently. There were sufficient staff available to assist during mealtimes.

Feedback from residents was sought formally during residents meetings and informally by the chef and staff. there was evidence that requests for menu changes had been met.

The inspector reviewed previous EHO (environmental health officer) reports, which were maintained in the centre. Training records indicated that staff had received training in relation to food and nutrition including in relation to maintaining good nutrition and the use of the malnutrition risk assessment tool. The person in charge had completed additional training in relation to dysphagia. All staff had completed in-house training in relation to food hygiene. The chef had completed HACCP (Hazard Analysis and Critical Control Points) training which involves maintaining a food safety management system.

Judgement:
Compliant

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

Findings:
Inspectors found that overall, residents were consulted about how the centre was organised; the privacy and dignity of residents was respected; residents were facilitated to exercise their rights and their communication needs were met.

Inspectors noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Residents had individualised toiletries stored in their bedrooms. Residents spoken to confirmed that their privacy was maintained.

There were no restrictions on visits except when requested by the resident or when the timing of the visit is presents a risk. The inspector spoke with a relative who explained how she works shift work and that this is fully accommodated by the centre.

Feedback was sought from residents via residents meetings, which took place every two months. Feedback was sought at each meeting about the food, activities and whether residents had any complaints.

Residents were facilitated to receive visitors in private with the choice of a second day room or oratory for use.

Inspectors reviewed residents' files and spoke with staff who were aware of residents' communication needs and arranged for referrals if any residents had communication impairment or was experiencing difficulty. There were a significant number of residents (16) living with dementia and almost all staff had received training in this area, which included meeting the specific communication needs of people living with dementia.

Inspectors heard staff addressing residents by their preferred names and speaking in a clear and courteous manner. Staff paid particular attention to residents' appearance and personal hygiene and were observed to be caring towards the residents. Many residents spoken to praised the staff stating that they were kind and treated them with respect.

Residents’ religious and political rights were facilitated. There was little religious or cultural diversity amongst residents in the centre at this inspection. The local priest visited and said Mass weekly. Mass was said on one of the inspection days and residents were observed to and said that they enjoyed attending Mass. The priest explained how a staff member accompanies him to ensure that he offers Holy Communion only to residents who can receive it. The person in charge told inspectors that residents were facilitated to vote and explained that residents had been facilitated to vote either in nominated election centres or in-house.

Links were maintained with the community. The inspectors spoke with a number of residents who confirmed that they go out with family for meals or other purposes. Daily newspapers were available and one resident had a particular local newspaper brought to them daily by the centre manager. Residents had access to radio and television. Some
of the residents were observed reading. Residents had access to a mobile telephone handset to take calls in private and a number of residents had mobile phones.

Celebrations took place at times like Christmas, St. Patrick’s Day, Easter and for residents’ birthdays. One resident explained how the manager had personally baked a cake for her birthday, and that birthdays were always marked and celebrated.

The inspectors noted that residents’ autonomy and independence was promoted. Staff were observed encouraging and assisting residents to mobilise and walk to the dining room, their bedrooms and bathrooms. Residents and relatives spoken with confirmed that staff allow residents sufficient time to mobilise at their own pace. Some residents told inspectors that they loved using the secure rear garden during the fine weather.

Judgement:
Compliant

### Outcome 17: Residents clothing and personal property and possessions

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

### Theme:
Person-centred care and support

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

### Findings:
There were appropriate arrangements in place for the management of residents' clothing, personal property and possessions.

There was a policy on the management of residents' property and valuables that was in date.

A property checklist was completed on admission for each resident for clothing and any personal property and was contained in each residents' file. Residents were facilitated to retain control over their own possessions and clothing, should they wish to do so and each cupboard contained a lockable safe.

Adequate personal storage space including a wardrobe and chest of drawers and bedside locker was provided in each residents’ bedroom.

Residents’ laundry was managed in the centre. There was a laundry room with space for sorting and drying clothes that was small but provided sufficient space for the number of residents in the centre. The person in charge told inspectors that residents could launder their own clothes, should they wish to do so. Care was taken of residents’ personal clothing and residents told inspectors that their clothing did not go missing.
Judgement:
Compliant

**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Workforce

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

**Findings:**
Inspectors found that there were sufficient staff with the right skills and experience to meet the assessed needs of residents; staff had up-to-date mandatory training and access to education and training to meet the needs of residents and; there were appropriate recruitment, vetting and supervision systems in place.

Inspectors found that, at the time of inspection, there were sufficient staff numbers with the right skills and experience to meet the assessed needs of residents.

The person in charge explained how staffing levels were determined by the dependency level and needs of the residents. The person in charge maintained an up to date record of the dependency level of each resident. Inspectors spoke with residents who confirmed that staff respond quickly to residents at different times of the day and night.

There was an actual and planned staff rota and the planned rota matched the staff on duty on the inspection days. The rota demonstrated that there was a nurse on duty at all times.

There was a training programme in place for staff. Training records were up to date and a training matrix was in use that included all staff members. All staff members had received mandatory training relating to fire safety, elder abuse, and moving and handling of residents, which was within date.

The person in charge confirmed with the inspector that care assistants who did not possess the FETAC Level 5 or equivalent care assistant course were encouraged to complete this course or a key module(s). All new care assistants were required to have FETAC Level 5 or equivalent. Inspectors noted that all of the care assistants were very well experienced.

Staff were supported to complete additional training and education relevant to their role,
including; infection control, nutrition, medication management, end of life care, managing behaviour that challenges and care of the resident living with dementia. Inspectors spoke with staff and found that they were aware of the Regulations and Standards.

There were written policies and procedures relating to the recruitment, selection and vetting of staff, which were informative, clear and within their review date.

The inspector reviewed a sample of staff files and found that all documents required under Schedule 2 of the Regulations were available. The inspector viewed a record of current registration details of all nursing staff.

There was a section on volunteers in the recruitment policy that included students and trainee carers on FETAC work placement. The policy clearly set out the supervision required, roles and responsibilities of volunteers and any restrictions necessary, for example, that students will restrict their activities to the day rooms.

All new staff underwent an induction process and supervision appropriate to their role and previous experience. The inspector viewed a form that was used to document the induction process at different stages in a new staff member’s file.

An annual staff appraisal system was in place and documented in staff member’s files.

**Judgement:**
Compliant

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**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 all the people who participated in the inspection.

**Report Compiled by:**

Julie Hennessy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Thorpe's Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000436</td>
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<tr>
<td>Date of inspection:</td>
<td>10/06/2014</td>
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<tr>
<td>Date of response:</td>
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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 07: Health and Safety and Risk Management

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While staff were trained in the moving and handling of residents, inspectors found that safe moving and handling training was not always put into practice as outdated manual handling techniques were observed on a few occasions over the course of the two-day inspection.

Action Required:
Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Please state the actions you have taken or are planning to take:
We have contacted the manual handling instructor and have received handouts to show correct techniques, which are circulated to staff during a staff meeting. All staff

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
understand the need for correct manual handling. We have also updated our manual handling assessment in the care plans. Going forward management will monitor the techniques to ensure they are as per the manual handling assessment in the care plan.

**Proposed Timescale:** 02/07/2014

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<th>Outcome 08: Medication Management</th>
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<tr>
<td><strong>Theme:</strong></td>
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<td>Safe Care and Support</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some improvements were required to the medications management policies to guide practice. For example, policies did not clearly outline the centre's practice in relation to the ordering of medications, transcribing of medications, crushing of medications, the management of residents on anti-coagulant medications or the administration of medications via PEG.

**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:**
We have reviewed the policies listed above; we are currently updating them as required.

**Proposed Timescale:** 20/07/2014