<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Carlingford Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000121</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Old Dundalk Road, Carlingford, Louth.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>042 938 3993</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:carlingford@arbourcaregroup.com">carlingford@arbourcaregroup.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Cooley Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Donal O'Gallagher</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Mary Brigid (Breda) O’Kane</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Leone Ewings;</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>28 February 2014 19:00</td>
<td>28 February 2014 22:30</td>
</tr>
<tr>
<td>03 March 2014 10:30</td>
<td>03 March 2014 18:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<tbody>
<tr>
<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
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<tr>
<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 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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<tr>
<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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</table>

Summary of findings from this inspection

The inspectors ascertained the views of residents relatives and staff members, observed practices and reviewed documentation such as care plans, medical charts, accident records and policies and procedures. Matters arising from the previous inspection (5 outcomes and 11 actions) carried out on 9 April 2013 were examined. The outcomes related to documentation/records, medication management, review of residents health care, and staffing levels. All of the issues have been satisfactorily addressed with the exception of evening time staffing levels.

Mary Brigid (Breda) O'Kane the person in charge was not available during the evening of first day of the inspection but facilitated the inspection process on the second day of the inspection.

The inspectors found that those residents and relatives who expressed opinions regarding the facilities and services and care provided were positive in their feedback.
The inspectors examined a notification of a significant event in respect of protecting residents from abuse. While there were measures in place to protect residents from being harmed or suffering abuse the inspectors found gaps in the investigation process and follow up regarding supervision/mentoring of staff.

The centre is registered to accommodate 44 residents. Inspectors found that residents had good access to nursing and medical and allied health care, however, medication management was not in compliance with the legislation, standards and good practice guidance.

During the evening of the inspection residents were involved in a variety of low-key activities such as entertaining visitors, watching television chatting with each other and staff and having supper. The evening routine was relaxed and leisurely for residents. An activity coordinator led group activities on the second day of the inspection.

The inspectors found the centre to be warm clean and comfortable throughout the inspection.

Staffing levels did not meet the needs of all the individual residents on the evening of the inspection as residents were unsupervised after 21:30 hours.

There were policies, procedures, systems and practices in place to assess, monitor and analyse potential risks with a view to controlling/minimising them. However the inspectors found a number of risks including a major risk in respect of entrapment in bed rails. This had not been escalated to management for immediate action.

The Action Plan at the end of this report identifies areas where mandatory improvements are required to comply 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.
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:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
In the previous inspection report it was identified that the statement of purpose and function for the centre did not contain adequate details of the complaints policy/procedure. The inspectors were given an up-to-date copy of the statement of purpose and found that it contained the general arrangements made for dealing with complaints. Furthermore the inspectors saw that the complaints policy procedure was available for residents, relatives and visitors to the centre in the foyer of the centre and on the residents' notice board. Inspectors were informed that a copy could readily be made available to anyone who requested it.

**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:**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The matters arising from the previous inspection had been actioned in the following manner: –
- The policy/procedure regarding the arrangements for managing residents’ finances had
been amended to reflect the practices within the centre and the inspectors were
informed that a record has been maintained of the return of monies and valuables to
residents in accordance with the legislation.
- Medication management policy/procedure had been reviewed since the last inspection
and amended to include a clarification on the administration of warfarin.
- The policy on wound and pressure ulcer care had been reviewed to guide staff.
- The minutes of the meetings held by the health and safety committee referenced
issues which have been addressed.

The inspectors found from an examination of randomly selected records that in the
main, the records listed in the in the legislation were maintained in a manner so as to
ensure completeness, accuracy and ease of retrieval for example:
- The record of accidents/incidents included the items identified in the schedule.
- The duty roster included all of the persons working at the centre.
- A record of all visitors to the centre was being maintained.

However the inspectors found that there was no criteria in the disciplinary
policy/procedure to assist management staff to make judgements regarding issuing a
verbal and or written warning.

Judgement:
Non Compliant - Minor

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:
No actions were required from the previous inspection.

Findings:
The inspectors examined the measures that management had put in place to protect
residents being harmed or suffering abuse and assessed the action taken in response to
an allegation of abuse of a resident.

In accordance with the legislation the Authority had been notified of an incident which
had occurred in the centre. An examination of the investigation carried out by the
designated complaints officer showed that the incident had been promptly investigated
and a copy forwarded to the Authority. However review of the process by inspectors
identified that there were shortfalls regarding the investigation process. These are
highlighted under Outcome 13 The Complaints Procedure.

The incident had not been reported to the person in charge of the centre (staff nurse) at the time of its occurrence by any of the staff members involved/witnessed the incident.

From the findings of the investigation there was evidence that management had identified learning as a result of the incident and provided training opportunities for staff members to update their knowledge on recognising and preventing abuse. During the evening of the inspection inspectors spoke with a staff member who was able to describe the policy and procedure in relation to protecting residents from abuse, was able to identify different types of abuse and was aware of the duty to report and have any incidents investigated. However, from an examination of the training record given to the inspectors on inspection showed that some staff had not participated in up-to-date recent training and there were staff names identified on the training sheet but no date of when they attended training in this area.

**Judgement:**
Non Compliant - Moderate

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

**Findings:**
While there was a risk management policy/procedures and systems in place to assist in the identifying, assessing and taking precautions to control/minimise risks the inspectors found that the risk management policies had not been fully implemented throughout the centre as the following risks were identified:
- A resident’s legs were trapped in the bed-rails and there were areas of multiple grazes. While immediate action was taken and the information recorded in the resident’s care plan it had not been identified in an incident report and escalated to management so that the situation was further analysed/controlled.
- The door to the hairdressing room was open and accessible to residents where hot styling hairdressing equipment and scissors were available.
- Freestanding fan heaters/radiators were identified in a variety of locations within the centre. One was positioned directly behind a resident’s chair in the dining room. There was no evidence that a risk assessment had been carried out with regard to their use.
- The sluice room was unlocked and propped open throughout the inspection.
- There was no key pad for security purposes on the laundry room door which was storing chemicals and was accessible to residents.
- Security at night time at the front entrance was via keypad, however, this was not foolproof as the key code was shared with members of the public entering the centre.
An armrest of a dining room chair was loose.

**Judgement:**
Non Compliant - Major

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

**Findings:**
While inspectors were aware that there was a policy and procedures to guide staff in the management and administration of residents' medication some residents were not protected by these procedures as the following practices were observed by the inspectors:

- Although the reduction in a resident’s medication had been discussed at a handover meeting between the change of staff this information had not been communicated to the resident who was anxious about the medication intake until a request was made by the inspectors.
- Some medicines were pre-dispensed into vials prior to the point of administration.
- Controlled drugs were left with a resident and no documentation was recorded at the point of administration.
- A supplement drink which had been opened earlier in the day was used at night time when administering medicines to residents.
- Some of the information on the administration chart was incorrect for example the room number for a particular resident.
- A resident was given medication during the evening of the inspection which was taken from the next day’s supply and the administration sheet had not been checked.
- The medication trolley had been left on the corridor unlocked with medicines stored on the top of the trolley.
- The policy refers to the medication being commenced at 20:00 hours however this did not take place until 20:35 hours as the handover meeting commenced at 20:00 hours.
- There was pre-signing of the medication administration record chart.
- In some instances the staff members administering medicines to residents were not fully knowledgeable of the medicines, however, there was information guidance available on the trolley.
- In some cases where medicines had not been administered there was no information in the comments section to denote the reason.
- Some staff members did not have the knowledge as to how to report a medication incident/error.
### Judgement:
Non Compliant - Major

### 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

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

#### Findings:
While the inspectors found that there were systems in place to review, monitor and improve the quality of care and the quality of life to residents for example audits were conducted in order to reduce accidents, however, there were practices whereby care to residents was not provided in a dignified manner. For example a commode which had not been fully emptied was left on a shower chair thus creating a male odour in a resident's bedroom close to bedtime and during the lunchtime meal three residents who were sitting at the same table were not served their meals at the same time.

### Judgement:
Non Compliant - Moderate

### 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:
The inspectors found that the matter arising from the last inspection in relation to reviewing residents' care plans had been addressed. There was evidence that a review had taken place within the three monthly basis or as a resident's changing needs or circumstances required.
From an examination of a sample of residents' care plans, discussions with residents, relatives and staff the inspectors were satisfied that in the main, the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. For example, there were arrangements in place to ensure that residents had regular access to allied health professional services. There was evidence that residents were risk assessed with regard to dependency, moving and handling, falls, nutrition, incidents and the risk of pressure sores. However, a resident's needs were not fully assessed and treatment plan put in place as a resident's legs/ankles was prone to swelling and a footstool had not been provided.

Individual care plans were maintained and there was evidence of resident and relative involvement.

The inspectors found that there were opportunities for residents to participate in activities that were meaningful and purposeful to them and that reflected their interests and capacities. On the evening of the inspection residents were involved in low-key activities such as watching television, listening to the radio, entertaining visitors and on the day of the inspection an activity coordinator was organising group activities.

The inspectors saw that there was a variety of assisted technology equipment/aids assisted devices available to residents to enable their mobility and independence, however, a risk assessment had not been available for the inspectors in respect of a resident wearing a monitoring tag on the evening of the inspection. This was made available by the person in charge during the second day of the inspection.

Inspectors noted that a variety of equipment had been used to prevent residents sustaining any injury from an accident during the night time for example in addition to the use of bed-rails, a mattress was placed on the floor and an alarm mat was also in place. The use of so many assistive devices may lead to accidents and therefore a detailed and comprehensive risk assessment based on individual need should identify the most appropriate piece of equipment necessary in preventing an accident.

Judgement:
Non Compliant - Moderate

**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. 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:**
No actions were required from the previous inspection.
**Findings:**
The centre is a single-storey building with 33 single bedrooms with en-suite shower facilities, three twin bedrooms two with en-suite facilities and one three bedded room. There are a range of communal areas including dining, sitting and a visitors’ room. However the inspectors found that there are aspects of the design and layout of the centre which are not suitable for its stated purpose. For example the laundry room did not have a wash hand basin as this had been removed to install new equipment, the three bedded room had only one wash hand basin, a hoist was stored in a resident's bedroom and a seat in the sitting room was torn.

**Judgement:**
Non Compliant - Moderate

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**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

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

**Findings:**
The inspectors found that the centre has written operational policies and procedures for the management of complaints. An examination of the complaints process in respect of an incident of alleged abuse showed that the designated complaints officer, on behalf of the centre (the person in charge) listened to the complainant and acted upon the information received. However examination of the process by inspectors identified that there were shortfalls regarding the investigation process as follows:

- There were no written detailed minutes of the meeting convened to gather information and facts held between the complaints investigator and alleged perpetrator.
- There were no statements from all of the key personnel involved in the incident including witnesses.
- There was no written evidence that the victim and complainant were satisfied with the outcome of the investigation and were giving details of the appeals process.
- There was no documentation in respect of communications with key professionals.

The actions taken on foot of a complaint were not fully and properly recorded.

**Judgement:**
Non Compliant - Moderate
### Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

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

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

**Findings:**
The inspectors met residents and relatives during the course of the inspection and those who communicated their views were positive regarding the facilities and services and the provision of care. However, the inspectors found evidence that in some instances residents' privacy and dignity had not been respected and residents were unable to exercise choice and control over their lives in the following ways:

- A resident's care plan identified a late bedtime, however, the resident was in bed early in the evening and there was no indication from staff or in the resident's care plan to indicate the reason for this.

- It was not evident that residents received person centred care as the inspectors were informed that all of the residents have breakfast trays brought to their bedrooms in the mornings.

- Staff were observed in the first instance knocking on a resident's bedroom and awaiting a response from the resident, however, on returning to this resident's bedroom the staff member knocked on the door and entered to find that the resident's privacy had been compromised.

**Judgement:**
Non Compliant - Major

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

Findings:
The matter arising from the previous inspection related to the adequacy of staffing levels in the evening. The provider informed the Authority that since the last inspection a review of staffing had been carried out in June 2013 and the care needs of residents had been met by the level of staff employed.

An examination of the staff roster indicated that one nurse and two staff members were on duty from 21:30 hours through the night time. However the nurse on day duty remained in the centre to complete documentation in respect of new admissions to the centre.

Staffing levels did not meet the needs of all the individual residents on the evening of the inspection as one resident in an unsupervised sitting room after 21:30 hours requested assistance to go to bed. The rostered night time staff team were unavailable as they were attending to other residents, however the staff nurse who had remained in the centre from the day shift came to the assistance of the resident at the request of the inspectors. The day room with a number of residents was unsupervised late into the evening and one resident was unsupervised and uninvited was wandering into other resident’s bedrooms. Some staff members told the inspectors that the evening/night time shift was very busy.

Following an investigation into an allegation of abuse the inspectors found no evidence regarding the subsequent supervision/mentoring of staff working at the centre.

Judgement:
Non Compliant - Moderate

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:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Provider’s response to inspection report**

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<tr>
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<tr>
<td>Date of inspection:</td>
<td>28/02/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>07/04/2014</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 04: Records and documentation to be kept at a designated centre**

**Theme:**
Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no criteria in the disciplinary policy/procedure to assist management staff to make judgements in respect of issuing a verbal or written warning.

**Action Required:**
Under Regulation 27 (1) you are required to: Put in place all of the written and operational policies listed in Schedule 5.

**Please state the actions you have taken or are planning to take:**
Our management team are fully trained in the correct management of all HR matters including disciplinary issues, procedures and pathways. This training has been provided internally and by both SFA and NHI. As each disciplinary case is unique, with many differing factors for consideration, no list of criteria would effectively offer guidance for

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
verbal and written warnings and so decisions are made when full details of each individual case are considered and advice is sought from support agencies. The guidance offered is based on compliance with our staff handbook, contract of employment and job description which are provided by management to all staff members. This is the role of management. This approach also ensures compliance with employment law in Ireland.

**Proposed Timescale:** Ongoing

### Outcome 06: Safeguarding and Safety

**Theme:**
Safe Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff members did not implement the centre's policy and procedure and guidance from training received by reporting an incident of abuse to the person in charge of the centre (staff nurse) at the time of its occurrence.

**Action Required:**
Under Regulation 6 (2) (a) you are required to: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

**Please state the actions you have taken or are planning to take:**
A concern regarding raised voices by a carer to a resident was voiced by a visitor to the nursing home. The person who had voiced the concern specifically stated that she did not wish the matter to be treated as a complaint but just felt that she wished to let us know.

As an incident of raised voices could be considered abuse an NF06 detailing the suspected abuse was submitted to HIQA as per regulations and an investigation was immediately commenced and an investigation form opened. At the earliest stages it was clear that the matter was not an occurrence of abuse. The form of communication used in the occurrence was one most suitable to the resident in question and is detailed in her personal care plan. When experienced by an unsuspecting passer-by the form of communication could be construed as a form of abuse, however in this case it is not.

As the staff member in question had simply followed what is considered a suitable form of communication they did not consider or suspect their action as being abusive and accordingly did not consider that there was a requirement or need for them to report it as a suspected or actual abuse to the nurse on duty. That member of staff is fully trained in the "Recognition and Correct Management of Elder Abuse” having completed her last training on the subject on the 18th February 2013. Her colleague had also had her refresher training on the 18th February 2013 and therefore both were competent and capable of making that judgement.

The PIC placed a call to the person who had voiced the concern who was very satisfied with the outcome.
The team at Carlingford will continue to diligently identify all cases of suspected or actual abuse at all times.

**Proposed Timescale:** Ongoing

**Theme:**
Safe Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
An examination of a training record showed that some staff had not participated in up-to-date training in the protection of residents from abuse and staff names were identified on the training sheet but no date of when they had attended training.

**Action Required:**
Under Regulation 6 (2) (a) you are required to: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

**Please state the actions you have taken or are planning to take:**
At the time of inspection, all staff had received up-dated training within the previous 12 month period. The computerised record given to the inspectors during their visit did not reflect the actual up to date training records. This has now been up-dated and will be maintained in an up to date status in future.

**Proposed Timescale:** 28/03/2014

**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:**
The risk management policy/procedure had not been fully implemented throughout the centre as the following risks were identified: –

- The door to the hairdressing room was open and accessible to residents where hot styling hairdressing equipment and scissors were available.
- There was no evidence that a risk assessment had been carried out with regard to the use of freestanding fan heaters/radiators.
- The sluice room was unlocked and propped open throughout the inspection.
- There was no key pad for security purposes on the laundry room door which was accessible to residents and where chemicals were being stored.
- Security at night time at the front entrance was via keypad, however, this was not foolproof as the key code was shared with members of the public visiting the centre.
- An armrest of a dining room chair was loose.
**Action Required:**
Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
Under normal circumstances the hairdresser service involves two attendees. This ensures that the room is always occupied while the equipment is out and in use.

On the day of the inspection the hairdresser was alone and in the course of her mornings work the equipment was left unattended for a short period. Steps have been taken to avoid any repetition of this occurrence.

Risk assessments to all free standing radiators will take place and will be reviewed monthly on the monthly safety check list.

The sluice room is closed and a door closer is in place.

The nursing home’s security is managed in such a way as to promote safety and reduce risk without imposing too many restrictions on the free and reasonable movement of people who live here and their relatives and friends. The code to the exit door is only known to those visitors who come to the home regularly and must be given to them in person as it is not posted in any part of the home. Those people who do not know the code, must ring the bell and wait to be let in by a member of staff.

To bolster our night time security we will install a CCTV camera on the external side of the front door and signage stating that all movements through the door are recorded.

The loose arm rest of the chair in question has been mended.

30th April for CCTV Camera installation
All others 2nd April 2014

**Proposed Timescale:** 30/04/2014

**Theme:**
Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A resident's legs were trapped in the bedrails and there were areas of multiple grazes. This information was not recorded /identified in an incident report and escalated to management so that the risk could have been further assessed and controlled.

**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:
A new bedrail protector has been fitted to this resident’s bed. A full and detailed review of this man’s care plan has been completed following the incident.

An incident report was not completed by the evening staff concerned in error. The importance of completing an incident report for all such occurrences has been reiterated to all members of the care team. We are therefore confident that omissions such as this will not recur.

Proposed Timescale: 28/03/2014

Outcome 08: Medication Management

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff in the centre did not implement appropriate and suitable practices relating to the administration of medicines to residents as noted by the following observations of the inspectors:
- A resident who was anxious regarding the high intake of medicine which had been reduced had not been informed by staff.
- Some medicines were pre-dispensed into vials prior to the point of administration.
- Controlled drugs were left with a resident and no documentation was recorded at the point of administration.
- A supplement drink which had been opened earlier in the day was used at night time when administering medicines to residents.
- Some of the information on the administration chart was incorrect for example a room number.
- A resident was given medicines during the evening of the inspection which was taken from the next day’s supply and the administration sheet had not been checked.
- The medication trolley had been left on the corridor unlocked with medicines stored on the top of the trolley.
- The policy refers to the medication being commenced at 20:00 hours however this did not take place until 20:35 hours as the handover meeting commenced at 20:00 hours.
- There was pre-signing of the medication administration record chart.
- In some instances the staff members administering medicines to residents were not fully knowledgeable of the medicine.
- In some instances where medicines had not been administered there was no information in the comments section to denote the reason.
- Some staff members did not have the knowledge as to how to report a medication incident/error.

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 in place suitable and appropriate policies and procedures for medication management.

As registered provider I am very disappointed that there was once again a failure by our nursing staff to follow our policies and procedures.

- Medication trolleys should not enter resident’s bedrooms for infection control purposes; however we have changed our storage of medications in the trolley so that the blister packs are kept in the drawers of the trolley allowing easy closing of the drawer when a nurse enters a room with medication for a resident. This adds a further layer of safety. Should the nurse feel that she will be spending more time than usual in the administration, she will have the option of locking the trolley also.

- All of our nurses have been provided with the time and opportunity to attend various medication management training the cost of which has always been borne by the nursing home. Following this inspection internal action is underway with and for those nurses who have not complied by our guidelines and the guidelines laid down by An Bord Altranis. The purpose of this, as is the purpose of all internal action up to and including disciplinary action, is to assist the employee to achieve the required improvement of their performance in the best interest of the resident.

Nursing staff are not required under An Bord Altranis guidelines to know all medications. Rather they are required to know the medications well that they administer often and where they are unfamiliar with a medication they are required to look same up in the MIMES to ensure a safe administration process.

New storage of medication in the medication trolley effective from 28th March 2014. Disciplinary process is under way and expected to be complete by 1st May 2014.

Proposed Timescale: 01/05/2014

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

Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff did not adopt practices which improved the quality of care and quality of life to residents as a commode which had not been fully emptied was left on a shower chair thus creating a mal odour in a resident’s bedroom close to bedtime and the lunchtime meal was not served at the same time to all of the residents sitting at a dining room table.

Action Required:
Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.
Please state the actions you have taken or are planning to take:
Although all except two of our bedrooms are en suite, some residents have a preference for a commode for various reasons. Those residents are accommodated by providing a commode for their individual use.

Our normal practice of commode care is to immediately empty all contents and bring the commode basin to the sluice room for washing and sterilisation. On this occasion this did not happen. This issue has been discussed at several care team meetings since the inspection and I am confident this oversight will not recur.

Proposed Timescale: 28/03/2014

Outcome 11: Health and Social Care Needs

Theme:
Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A resident’s needs were not fully assessed and treatment plan put in place as a resident’s legs/ankles prone to swelling had not been provided with a footstool.

Action Required:
Under Regulation 8 (1) you are required to: Set out each resident’s needs in an individual care plan developed and agreed with the resident.

Please state the actions you have taken or are planning to take:
The care plan of the resident in question had this issue referenced in it. A further amendment has been made following a review of the care plan. It is the normal practice to elevate her legs whenever sitting out but occasionally she finds this a little uncomfortable and asks for a rest. On this occasion the stool was not replaced in error. Staff have been reminded about this requirement and I am confident that this omission will not recur.

Proposed Timescale: 04/03/2014

Theme:
Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A detailed and comprehensive risk assessment based on individual needs had not been carried out in order to identify the most appropriate piece of equipment necessary in preventing an accident.
**Action Required:**
Under Regulation 8 (1) you are required to: Set out each resident’s needs in an individual care plan developed and agreed with the resident.

**Please state the actions you have taken or are planning to take:**
A detailed care plan was in place following completion of a risk assessment for this resident, however the safety options detailed were excessive and although this did not endanger the resident it was an inefficient use of equipment and was not resident focused. This has been amended and will not recur.

**Proposed Timescale:** 28/03/2014

**Theme:**
Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A record/ risk assessment of any occasion on which restraint is used, the nature of the restraint and its duration had not been available on the evening of the inspection in respect of a resident wearing a monitoring tag.

**Action Required:**
Under Regulation 8 (1) you are required to: Set out each resident’s needs in an individual care plan developed and agreed with the resident.

**Please state the actions you have taken or are planning to take:**
A risk assessment was completed for his lady on admission as she was at serious risk of wandering from the home. A recommendation for the use of a tag was made. A care plan was developed in partnership with the lady and she wears the tag without any objection or difficulty.

To date the wearing of a tag was considered an enabler as it allows for free movement around the home whilst ensuring safety by alerting staff when she is near an open exit. Accordingly to our policy on restraint / restricted movement it was an enabler and so was not included on the restraint register. We have reviewed this matter and with immediate effect the wearing of tags will be entered on the restraint register as a restraint.

**Proposed Timescale:** 07/04/2014
## 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:**
The laundry room did not have a wash hand basin.

#### Action Required:
Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

#### Please state the actions you have taken or are planning to take:
The wash hand basin had been removed to allow for new equipment to be installed. A new knee press wash hand basin has been ordered and will be installed by 11th April 2014.

### Proposed Timescale: 11/04/2014

### Theme:
Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A leather seat in the sitting room was torn.

#### Action Required:
Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by residents or people who work at the designated centre in good working order.

#### Please state the actions you have taken or are planning to take:
The seat has been removed.

### Proposed Timescale: 04/03/2014

### Theme:
Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The three bedded room only had one wash hand basin.

#### Action Required:
Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.
Please state the actions you have taken or are planning to take:
The second hand basin has been ordered and will be installed before 11th April 2014

Proposed Timescale: 11/04/2014
Theme:
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Suitable provision was not made for the storage of a hoist as this was left in a resident's bedroom.

Action Required:
Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

Please state the actions you have taken or are planning to take:
There is suitable provision for the storage of equipment in the nursing home. Hoists are stored in specific areas marked off to indicate same. Where a hoist is in a resident’s bedroom it is generally there for the use of staff who have gone to collect the resident from a different part of the home.
The care team have been reminded of the importance of returning hoists to their designated storage areas following use.

Proposed Timescale: 12/03/2014

Outcome 13: Complaints procedures
Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The nominated person on behalf of the centre did not detail the investigation and outcome of a complaint in respect of an allegation of abuse as there were no written detailed minutes of a meeting convened to gather information which was held between the complaints investigator and alleged perpetrator.

Action Required:
Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.
### Please state the actions you have taken or are planning to take:
As described in Outcome 6 above there was a concern expressed by a visitor to the home who specifically stated that she was not making a formal complaint. This was managed according to our complaints policy. This was explained in the course of the feedback of the inspection.

### Proposed Timescale: Ongoing

### Theme:
Person-centred care and support

### The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The nominated person in the designated centre to deal with complaints did not detail whether or not the complainant and victim/resident were satisfied with the outcome of the investigation.

### Action Required:
Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

### Please state the actions you have taken or are planning to take:
The satisfaction of the person who expressed the concern was achieved and then documented in the nursing notes communication form as well as the investigation form which detailed every part of the investigation process.

### Proposed Timescale: Not Required

### Theme:
Person-centred care and support

### The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The nominated person available in the centre to deal with complaints did not detail the investigation as there were no statements from all of the key personnel including witnesses involved in the complaint/incident and there was no documentation in respect of communications with key professionals.

### Action Required:
Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

### Please state the actions you have taken or are planning to take:
As explained above, the issue referred to was a concern and not a complaint. At the earliest stage of the investigation it was recognised that the specific circumstances of
the incident displayed that there was no case to answer and the concern was dealt with accordingly. The concern was managed correctly in accordance with our complaints policy as was explained in the course of the feedback after the inspection.

| Proposed Timescale: | Not Required |
| Theme: | Person-centred care and support |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The actions taken on foot of a complaint were not fully and properly recorded.

**Action Required:**
Under Regulation 39 (9) you are required to: Record all complaints and the results of any investigations into the matters complained about. Ensure these records are in addition to and distinct from a residents individual care plan.

**Please state the actions you have taken or are planning to take:**
As explained above, the issue referred to was a concern and not a complaint. The concern was managed correctly in accordance with our complaints policy as was explained in the course of the feedback after the inspection.

| Proposed Timescale: | Not Required |
| Theme: | Person-centred care and support |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no evidence that the complainant was informed of the appeals process.

**Action Required:**
Under Regulation 39 (8) you are required to: Inform complainants promptly of the outcome of their complaints and details of the appeals process.

**Please state the actions you have taken or are planning to take:**
As explained above, the issue referred to was a concern and not a complaint. The concern was managed correctly in accordance with our complaints policy as was explained in the course of the feedback after the inspection.

<p>| Proposed Timescale: | Not Required |</p>
<table>
<thead>
<tr>
<th><strong>Outcome 16: Residents Rights, Dignity and Consultation</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Person-centred care and support</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>A resident was not given the freedom to exercise choice with regard to bedtime preferences.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 10 (b) you are required to: Provide each resident with the freedom to exercise choice to the extent that such freedom does not infringe on the rights of other residents.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<tr>
<td>The resident had expressed a general requirement to go to bed late which is noted in his care plan but on the day of the inspection he wished to go to bed earlier than normal as he was very tired. His care plan is correct and up to date. We will always attend to the changing wishes of the residents where possible and within as short a timeframe as is practical.</td>
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<td><strong>Proposed Timescale:</strong> Ongoing</td>
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<td>Person-centred care and support</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>Residents were not free to exercise their choice with regard to having breakfast in their own bedrooms or the dining room.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 10 (b) you are required to: Provide each resident with the freedom to exercise choice to the extent that such freedom does not infringe on the rights of other residents.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<tr>
<td>All residents have been surveyed about this since the inspection and none have expressed a desire to go to the dining room for breakfast.</td>
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<td>The survey took place between 15th and 25th March 2014</td>
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<tr>
<td><strong>Proposed Timescale:</strong> 25/03/2014</td>
</tr>
</tbody>
</table>
Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A resident's privacy was not respected.

Action Required:
Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

Please state the actions you have taken or are planning to take:
All staff know and understand the importance of privacy and dignified care. The care team have been reminded of their role and the importance in this matter and I am confident it will not happen again.

Proposed Timescale: 12/03/2014

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staffing levels did not meet the individual needs of all the residents on the evening of the inspection.

Action Required:
Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
The home’s staffing is assessed every month as a routine or more often if required. These assessments result in either the numbers remaining unchanged or hours being added or removed based on residents care needs and other factors such as the number of falls or resident complaints / concerns.

The needs of many of the nursing homes residents are not static and can change as a response to environmental or health factors. We do not staff the premises to provide constant supervision of residents at all times. This is not reasonably practicable and therefore we have no plans to attempt to achieve it.

We fully acknowledge that the requests and demands of the residents change regularly depending on how they feel on any given day. We provide sufficient staff to meet these changes in so far as they can be adequately envisaged and accordingly the needs of the residents.
**Proposed Timescale:** Immediate and ongoing

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no evidence of the supervision/mentoring of staff working at the centre following an investigation into an incident.

**Action Required:**
Under Regulation 17 (2) you are required to: Supervise all staff members on an appropriate basis pertinent to their role.

**Please state the actions you have taken or are planning to take:**
All learning from investigations and reported incidents will be passed on to the care team in future.

**Proposed Timescale:** 28/03/2014