<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cara Care Centre</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000735</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Northwood Park, Santry, Dublin 9.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 894 0600</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:CCCreception@tlccentre.ie">CCCreception@tlccentre.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>TLC Northwood Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Noel Mulvihill</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Leone Ewings</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>103</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times
From: 23 July 2014 09:00
To: 23 July 2014 17:00
24 July 2014 10:00
To: 24 July 2014 18:00

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

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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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Summary of findings from this inspection
This was an announced inspection which took place over two days and was for the purpose of monitoring and informing an application to renew the registration of Cara Care Centre. The centre was purpose built in 2011 as a designated centre for older persons and the provider had applied for registration for 103 places. This report sets out the findings of the inspection and areas for improvements.

The inspector found that overall the provider met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland to a good standard. The management team had addressed
the non-compliances further to the last inspection on 21 and 22 February 2013. Improvements had taken place relating to medication management, contracts of care, health and social care needs, and staffing.

There was a very committed management team in place who worked to ensure that there was a strong governance structure in place. Recent changes to the provider nominee had taken place and the Authority had been provided with full and complete information on the new provider nominee, who had previously been interviewed to ascertain fitness to undertake the role and responsibilities therein. The inspector acknowledged a substantial amount of preparation and ongoing work has taken place in preparation for renewal of registration.

The management team consists of five directors, all of whom work full-time between the four centres in the group. The newly appointed Chief Executive Officer (nominated person on behalf of the provider) and the person in charge work well together. The person in charge has changed since the time of initial registration by the Authority and the current person in charge has been in post for almost two years. They are supported in their role by a catering, nursing, care, administrative, maintenance, household and laundry staff and management team.

The inspector found that the health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and the nursing care provided was of a high standard. The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day with activity and diversional therapies available.

Residents were consulted about the operation of the centre and there was an active residents’ and relatives meetings. Residents and relatives knew the management on a first name basis. The collective feedback from residents was one of satisfaction with the service and care provided.

The provider and person in charge promoted the safety and quality of life of residents. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of elder abuse, safeguarding and other relevant areas. Staff had an in-depth knowledge of residents and their individual needs. Recruitment practices met the requirements of the Regulations.

Areas for improvement identified included the documentation of complaint outcomes and completion of smoking risk assessment. Staffing levels were found to be adequate on the day of the inspection. However, the provider and person in charge agreed to review staffing provision based on feedback from eight respondents to the relative and resident questionnaires regarding concerns about staffing levels.

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.
### Outcome 01: Statement of Purpose
*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The provider was found to be in full compliance with this outcome. The inspector reviewed the statement of purpose submitted with revised details of the provider nominee on 16 July 2014 was a detailed document, informative and easy to follow and clear in presentation. The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Judgment:**
Compliant

### Outcome 02: Governance and Management
*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector found that there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure that identifies the lines of authority and accountability. The person in charge worked closely with his line manager the director of clinical services and the provider nominee. Management systems were in place to ensure that the
service provided was safe, appropriate to residents’ needs, consistent and effectively monitored. Management meetings were well established and reviewed all aspects of service provision, staffing, health and safety, training, complaints and any other relevant issues which were seen to be actioned.

For example, the provider informed the inspector that he had actioned the works required to external windows in view of the increased temperatures in the dining rooms. The roles and responsibilities were clearly defined and ongoing evidence of audit and review of practice evident from this inspection and previous monitoring events. During the inspection the management team demonstrated effective communication and provision of information and records requested.

There was a robust system in place to review and monitor the quality and safety of care and the quality of life of residents on a three monthly basis. Improvements were brought about as a result of the learning from the monitoring review and any feedback received. There was evidence of consultation with residents and their representatives and actively working on any feedback received from residents and relatives for example, laundry which had not been returned to residents. As a result of feedback from a satisfaction survey in 2013 systems in place had been reviewed to ensure that clothing was appropriately marked and returned by the laundry staff. An additional survey was planned for in 2014. The person in charge and provider were open to feedback given further to this monitoring event and demonstrated a pro-active approach.

Relatives and residents confirmed that they could easily identify with the management team, and both the provider nominee and person in charge or his deputy were visible at the centre on a daily basis.

**Judgment:**
Compliant

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### Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector found that the provider and person in charge had fully addressed the non-compliance further to the last inspection, and a contract of care was now in place for each resident of the designated centre.

Each resident had in place a detailed contract of care dealing with the care and welfare
of the resident at the centre which provided detail on the services to be provided and associated fees. The inspector reviewed a sample of the signed contracts of care and a copy of the current contract. Written contracts were agreed on admission. Additional fees were clearly stated, for example, hairdressing, transport, physiotherapy, newspapers and dry cleaning.

The resident’s guide was detailed and contained a copy of the last inspection report and a summary of the statement of purpose. Additionally a resident newsletter, notice boards and information leaflets were available for residents and relatives.

**Judgment:**
Compliant

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**Outcome 04: Suitable Person in Charge**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The person in charge had not changed since the time of the last inspection in February 2013. Inspectors had determined the fitness and suitability of the person in charge at this time. The inspector was satisfied that the person in charge and key senior managers at the centre were suitably qualified and experienced to fulfil their roles. The person in charge is supported by two assistant directors of nursing and four clinical nurse managers.

A supportive organisational structure and management arrangements were found to be in place for the person in charge. The person in charge reports into the Director of Clinical Services, who in turn report to the provider. They meet on a formal basis regularly with the newly appointed Chief Executive Officer who is the provider nominee. Other supports include Human Resources and administrative staff.

**Judgment:**
Compliant

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**Outcome 05: Documentation to be kept at a designated centre**

_The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule_
### Theme:
Governance, Leadership and Management

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

### Findings:
Overall the records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Improvements had taken place since the time of the last inspection particularly relating to the accuracy of nursing and resident care records. A new electronic record keeping system had been implemented at the entire centre and staff easily retrieved all relevant information requested by the inspector at the time of the inspection. All staff had received training and instruction on the use of the system and touch pads on each corridor.

Nursing and clinical records were maintained on the electronic record keeping system and records reviewed were found to be person centred and accurate. Overall nursing and care records were found to be completed to a high standard. The inspector found that overall documentation was maintained to a high standard and the risk register had been completed by the person in charge with regard to restraint.

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 Centre for Older People) Regulations 2013. However, improvements were required relating to documentation and correspondence relating to the outcome of any verbal complaints in line with the centres' own policy and legislative requirements which is further detailed and actioned under Outcome 13 of this report. In addition, the documentation to evidence risks relating to smoking for a small number of residents required review and improvements with regard to completion of existing documentation.

### Judgment:
Non Compliant - Minor

### Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.
**Governance, Leadership and Management**

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

**Findings:**
The inspector formed the view that there were suitable arrangements in place for the management of the centre in the absence of the person in charge. One of the two assistant directors of nursing took charge of the centre when the person in charge was absent or on leave, they were supported by four clinical nurse managers, and support from the management team.

The assistant directors of nursing had the relevant skills, experience and references were confirmed during fit person interviews at the time of appointment. Both were appropriately qualified as general nurses and had evidence of continuous professional development and were familiar with policy and procedures at the centre. Both were involved in the day to day supervision and audit and review of practices at the centre.

At the time of the inspection the person in charge had not been absent for more than 28 days which required notification to the Authority.

**Judgment:**
Compliant

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**Outcome 07: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe care and support

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

**Findings:**
The inspector found that measures were in place to protect residents from being harmed or abused. All staff had received training on identifying and responding to allegations of elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

Residents spoken to and those who had completed the Authority’s questionnaire commented and confirmed that they felt safe and secure in the centre. They attributed
this to the fact that there was sufficient staff on duty to meet their needs and access to call bells.

The inspector found that in practice the provider was involved with acting as an agent for pensions for eight resident's and this was well managed and monies were held in a separate account and access to comfort monies for residents was facilitated and documented to a high standard. Small sums of money were placed with the provider for safe keeping and the inspector reviewed the systems in place and found that they were transparent to safe guard resident’s personal property. The policy in place guided the practice of all staff in relation to resident's property.

There was a policy on and procedures for managing behaviours that challenge and a separate policy on the use of restraint which was closely aligned to the National policy. The person in charge had notified all incidents since the date of the last inspection, and these had been reviewed by the inspector and a satisfactory response and actions had been taken by the person in charge.

Staff had appropriate skills to respond to and manage behaviours associated with cognitive difficulties or decline. The inspector reviewed the records of residents and found that each episode of behaviour was documented and informed future care. Residents' assessments and care plans were in place and updated appropriately to guide care delivery. There was evidence that the GP and psychiatric services were involved in the care as required.

The use of restraint was in line with the national policy on restraint. The rationale for use of any form of restraint was documented, and the restraint register was reviewed monthly by the person in charge. There was a system in place to monitor all residents using restraint and this was well supervised in practice. The inspector observed staff delivering care in a way which safeguarded resident's dignity and respected the individuals rights.

**Judgment:**
Compliant

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**Outcome 08: Health and Safety and Risk Management**

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

**Theme:**
Safe care and support

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

**Findings:**
The inspector found that there were robust systems in place in relation to promoting the health and safety of residents, staff and visitors. The inspector read the risk management policies which were developed in line with the Regulations and guided
practice. They included the policies on violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff.

Written confirmation dated 12 June 2014 from a competent person that of all requirements of the statutory fire authority, and building control had been met, and had been submitted to the Authority prior to the inspection.

Overall fire safety was found to be well managed. Fire safety procedures were in place and staff demonstrated to the inspector a good working knowledge of what to do in an emergency. There was evidence that all fire equipment including emergency lighting, fire extinguishers, fire alarm and fire doors were serviced. The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency, and staff were familiar with the content. The inspector viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and regular fire drills were carried out by staff at suitable intervals. There were dates for further fire training in 2014. The inspector also viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. The inspector found that all internal fire exits were clear and unobstructed during the inspection. There was a robust system whereby a staff member checked fire exits daily and this was documented.

The inspector interviewed the group maintenance manager to confirm maintenance schedules and fire safety procedures. He told the inspector that any issues were brought to the management meeting and actioned, the minutes of the last meeting were reviewed by the inspector. All environmental issues which were identified on a daily basis were recorded for action by maintenance staff in the health and safety book and discussed at the meeting. The inspector was satisfied that all risks were identified, appropriately risk assessed and risks mitigated to prevent accident or incident. For example, the inspector found that the water at hand basins was temperature regulated and regular checks took place by the maintenance staff. A generator was in place for emergency use and this was maintained appropriately.

There was an up to date health and safety statement in place which had been reviewed in 2013 and it related to the health and safety of residents, staff and visitors. The provider and person in charge had developed a risk register to identify and manage the risks in the centre. Measures were in place to prevent accidents and facilitate residents’ mobility, including non-slip floor covering in bathrooms and toilets. On the day of the inspection the dining room on the second floor was found to be too warm with temperatures of 28 degrees Celsius, the provider and person in charge put in immediate measures to cool the environment, using fans, and arranged to provide measures to reflect heat away from the glass windows of the premises for communal dining areas.

All staff had been trained in manual handling and appropriate practices were observed by the inspector, and sufficient assistive equipment was found to be available for use in a timely manner. The smoking area in the garden was accessible by residents and used by a small number of residents, who had risk assessments completed. Improvements were required relating to the records of the risk assessments already outlined in Outcome 5 of this report.
The inspector found that there were measures in place to control and prevent infection. Staff were managing and controlling risks associated with infection and reporting and managing appropriately any suspected outbreaks. Staff were knowledgeable in infection control and training had been provided. Staff had access to knee operated sinks, and supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available discretely throughout the centre.

**Judgment:**
Compliant

**Outcome 09: Medication Management**
*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

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

**Findings:**
The inspector was satisfied that each resident was protected by the designated centre’s policies and procedures for medication management. There was a medication policy which guided practice and administration practices were observed to be of a high standard. Improvements had taken place since the last inspection relating to the storage and delivery of controlled medications and the policy informing practices in this area had also been updated to reflect changes. Nursing staff were familiar with the arrangements around accepting delivery and appropriate storage requirements.

The inspector viewed completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. The pharmacist was also involved in medication safety and was available if required in the centre. Competency assessments were also completed with new nursing staff and on an ongoing basis by the person in charge. The inspector observed medication administration and found that medication trolley, fridge and storage was found to be in the residents dining space, and medications administered in the latter stages of the mealtime which requires review from a best practice perspective.

Medications that required strict control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of all controlled drugs. The inspector confirmed that the stock balance was checked and signed by two nurses at the change of each shift.

Detailed medication audits were completed by the person in charge or his deputy to identify areas for improvement and there was documentary evidence to support this.
Medication errors were reviewed by the person in charge and systems were in place to minimise the risk of future incidents. Findings were discussed at nurses meetings. There were appropriate procedures for the handling and disposal of unused and out of date medicines. All staff nurses involved in the administration of medications had undertaken medication management training, further to a review of training records.

**Judgment:**
Compliant

### Outcome 10: Notification of Incidents

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

**Theme:**
Safe care and support

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

**Findings:**
Records of incidents occurring in the designated centre was maintained and where required, were notified to the Chief Inspector. A full review of all notifications took place by the inspector prior to this inspection and followed up on as part of the inspection process. The person in charge was familiar with the reporting arrangements in line with recent legislative changes.

**Judgment:**
Compliant

### Outcome 11: Health and Social Care Needs

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

**Theme:**
Effective care and support

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

**Findings:**
The inspector was satisfied that resident's healthcare needs were met to a high standard and the arrangements to meet residents needs were set out in a care plan with the
involvement of the resident or relatives. Improvements had taken place further to the last inspection relating to records of care, pressure ulcer prevention and management and access to psychiatry services. The inspector was satisfied that the improvements in data management and training put in place had fully addressed the non-compliances relating to records and improved daily communication and supervision at the designated centre. The system was relatively new and still in the implementation phase and the person in charge also discussed the benefits from a management perspective with regard to overseeing care delivery.

The feedback relating to activities available was found to be good, the garden was accessible and plans were in place to change the existing door from the reception area to the garden to give wheelchair users full independent access. Respondents to the questionnaires named good activities such as quizzes, outings, jewellery making, using the garden for activity and music at the centre. Activities co-ordinators were in place, and activity such as crafts, music and exercises.

Residents had access to GP services and a full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. Chiropody, dental and optical services were also provided. A physiotherapist was available and reviewed residents on referral and was a qualified moving and handling trainer. She confirmed that she was actively involved in health promotion activity and monitoring practices at the centre. The physiotherapist was also an integral part of the falls prevention meeting and auditing falls with the falls prevention team. The inspector reviewed residents’ records and found that residents had been referred to these services and records and results of appointments were written up in the residents’ notes.

The inspector reviewed a sample of residents’ files and noted that improvements had taken place since the time of the last inspection to address non-compliances. The provider had implemented an electronic record keeping system and information was readily available and accessible. Nursing assessments, care planning and additional clinical risk assessments were carried out for residents. Daily notes were being recorded in line with professional guidelines, and in a person centred manner. Overall care plans reviewed by the inspector contained the required information to guide the care for residents, and were updated to reflect the residents changing care needs. Residents and/or relatives were involved in the development of their care plans and they discussed this with the inspector.

Falls Management
The inspector read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised. Preventative measures undertaken included the use of chair alarms and hip protectors. There was good supervision of residents in communal areas and adequate staffing levels on the day of the inspection to ensure resident safety was maintained. There was an adequate policy in place on falls prevention to guide staff. Neurological observations were completed when residents sustained an unwitnessed fall. Improvements were noted to records of clinical incidents which were found to be fully completed and actioned. Audit takes place and records including photography were found to be well maintained by nursing and care staff. The evidence was that care delivery was in line with evidence based practice with good outcomes for residents.
Restraint Management
The inspector found that there was an emphasis on reducing the use of restraint, and implementing alternatives. Training had been provided to staff on the use of restraint. Risk assessments were completed and kept updated for the use of bed rails. There was evidence of alternatives available.

Wound
The inspector reviewed the records of residents with at risk of skin breakdown and pressure ulcers and read the care plans of a resident with a wound and noted that there were adequate records of assessment and appropriate plans in place to manage the wounds. An evidence-based policy was in place and was used to guide practice of nursing and care staff. Staff spoken to were knowledgeable of the strategies to be taken to prevent pressure ulcers, and appropriate pressure reducing strategies and care was in place for residents assessed as at risk, and records of re-positioning and pressure relieving devices were found to be accurate and evidence based. A small number of residents had been referred for specialist assessment by a tissue viability nurse, and records were in place and care delivery in line with recommendations and that of the multi-disciplinary team including nutritional needs.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The premises were purpose built in 2011 and resident accommodation for 103 people and residents are accommodated over five floors. The designated centre is located in an urban setting in Northwood. The main building is accessed from the reception area and parking for visitors is accessed in a secure underground car park. Access to the building is controlled and all visitors are asked to sign in and undertake hand hygiene. The design and layout of the premises is suitable for the stated purpose as outlined in the Statement of Purpose. There were adequate toilet, shower and bathroom facilities for resident use. Two resident passenger lifts and three stairwells are in place. A 'dumb waiter' system operates to each floor from the kitchen to efficiently transport hot foods to the servery and dining areas of each floor.
The ground floor has a reception area, foyer, oratory, a reading area and a hairdressing salon. There is one assisted toilet and the person in charge and assistant director of nursing have an office near the front door. There are ten single en-suite bedrooms on the first floor, and day and dining space. The main kitchen is located on the ground floor which serves each of the five dining areas.

The rooms are as follows and were extensively reviewed on the initial registration inspection and were found to be substantially in compliance with the legislative requirements and met the stated purpose as outlined in the statement of purpose:

- 61 single bedrooms with full en-suite facilities
- 21 twin bedrooms with full en-suite facilities

All the centres' facilities were found to be available to each resident on all to those on all five floors. The inspector was informed that 23 residents with cognitive difficulties were accommodated on the second floor. However, the environment had not been adapted or re-designed to cater exclusively to provide care for residents with dementia or cognitive difficulties. The inspector recommends that consideration is given to the environment requirements as outlined in the Standards.

The inspector noted that the standard of ongoing maintenance was well managed, the premises were well maintained and there was an ongoing maintenance programme in place. There was adequate lighting, ventilation and heating in place throughout the building. The room temperature in the dining spaces was found to be 28 degrees Celsius and this necessitated additional cooling measures to reduce the risk to the residents on the day of the inspection and this was actioned by the provider.

The laundry facilities were reviewed on previous inspections found to be adequate and were located in the basement area and well equipped with appropriate washing and drying machines and facilities to iron linens and clothing. Hot water was thermostatically controlled to wash hand basins and shower/bath facilities, and the hairdressing room.

Storage facilities were adequate and corridors were wide and had handrails in place. All residents had access to a large outdoor garden where residents were seen enjoying activity and fresh air. Seating and was in place for leisure and garden activities. An outdoor smoking space had been designated for residents use. Each floor had private space where visitors could meet with residents.

The kitchen was an adequate size in relation to numbers of residents at the centre. The inspector reviewed the last environmental health inspection report dated 13 June 2014, and the response from the provider which was satisfactory.

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

**Findings:**
Complaints were found to be well managed, and the person in charge was the nominated complaints officer. The complaint’s policy was in place and the inspector noted that it met the requirements of the Regulations. The complaints procedure was on display at in the centre. Relatives and residents who spoke with the inspector knew the procedure if they wished to make a complaint. Residents and relatives were aware of the name of provider and person in charge and spoke about how they were so approachable.

The Authority had received unsolicited information relating to the care and welfare of a resident and the issues relating to hygiene and transfer to hospital were reviewed as an overall part of this monitoring event. This complaint was found to have been investigated and responded to by the deputy manager and subsequently with the person in charge. The inspector was satisfied that all the complaints made to the person in charge or his deputies had been documented and investigated in line with the policy. Complaints and feedback from residents were viewed positively by the provider and the person in charge. Feedback came from individuals and through the resident's meetings facilitated by the group advocate.

There were no written complaints since the previous inspection. The provider and person in charge had dealt with issues raised verbally since the last inspection and a records of the initial complaint and investigation maintained. However, improvements were required with regard to communicating the outcomes and acknowledgement of complaints in line with the complaints policy, as outlined in Outcome 5.

**Judgment:**
Non Compliant - Minor

### Outcome 14: End of Life Care

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

**Theme:**
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents received a high standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes for residents. The provider and person in charge had attended meetings held by the Authority relating to self assessment and thematic inspection of end-of-life-care. The self assessment submitted formed part of the pre-inspection review and informed the registration renewal inspection.

There was a policy on end-of-life care which was centre specific and provided detailed guidance to staff. Staff members were knowledgeable about this policy. The self assessment for the thematic inspection was submitted prior to the inspection and reviewed by the inspector. The person in charge had not identified any area for improvement in the self assessment. The person in charge informed the inspector that care plans were in place and reviewed to ensure they met the changing needs of residents.

Care plans were found to reference the religious needs, social and spiritual needs of the resident as well as preferences as to the place of death and funeral arrangements as appropriate. Regular family meetings were held and were attended by the GP and nursing staff as appropriate. The decisions concerning future health care needs had been discussed with the GP and documented. The majority of residents resided in single rooms, access to a single room for those residents in a twin room could be facilitated should the need arise according to the person in charge.

Overnight facilities were provided for visiting family members who wished to stay with their loved one. The person in charge stated that the centre received support from the local palliative care team when required. The service was accessible upon referral by the GP. Staff members were knowledgeable about how to initiate contact with the service.

An assistant director of nursing had undertaken the three day end of life care training programme at the local hospice and two more staff had also planned to attend with the aim to form an end of life care team. Records reviewed confirmed that staff had received training in end-of-life care in 2013 and recent training relating to end of life care had taken place in June 2014

Residents, spoken to by the inspector, stated that their religious and spiritual needs were respected and supported and that their wishes regarding their preferences and choices at their end of life had been discussed with them or their family. Mass and service from other religious denominations took place weekly. The oratory space was utilised as a quiet space and also used for relaxation and one to one activity. On the day of the inspection the oratory was being utilised by a long term residents family as part of the funeral arrangements for their loved one, and this was found to be managed in a sensitive and respectful manner, which was confirmed by family members to the inspector.

Residents and visitors were informed sensitively when there was a death in the centre.
Residents were informed in person and allowed to pay their respects if they wished to do so. Residents were invited to attend funeral services and staff also attended to pay their respects.

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

**Findings:**
Overall food and drinks were provided in quantities adequate for residents' needs, and available on a regular and as required basis. Menus were reviewed and food options gave choice and variety, and were based on feedback from residents and inputs and review from the dietician. The self-assessment for food and nutrition was submitted prior to the inspection and reviewed by the inspector. The inspector confirmed that the provider and person in charge were found to be compliant relating to this outcome, and there were no areas for improvement identified.

The main dining spaces on each floor were attractively decorated, and well ventilated, with space to move wheelchairs and mobility aids between the tables. The inspector observed mealtimes at the centre and found that food was attractively presented and very much a social occasion. Residents were offered a choice of food at each meal time and individual preferences were readily accommodated. The nursing staff monitored the meal times closely. Residents who required their food to be modified, for example pureed, were served this food in individual portions and had the same choice of food at the main meal which was presently separately on the plate. Regular fluids were provided during the day and with meals, and staff offered cool ice creams and iced drinks on the day of the inspection as it was a very warm day. Portion sizes were appropriate and second helpings were offered. All residents expressed satisfaction with their meals to the inspector on the day of the inspection.

The inspector spent time in the dining room and visited residents who also chose to eat the main meal in their bedrooms and found that the dining experience was dignified, pleasant and relaxed for the residents. A small group of resident ate their meals in the communal day space where a table was also appropriately set for use. The inspector observed staff seated beside residents assisting them with a meal and assisting one resident at a time with their meal. The meal time provided opportunity for social interaction between staff, residents and relatives.
Relevant information pertinent to the meal time was in place and was reviewed by the catering manager and person in charge. The inspector met with the chef who demonstrated an in depth knowledge of residents dietary needs, likes and dislikes and this was documented. Snacks were provided at any time as requested, a variety of snacks, such as yoghurt, scones, crackers and fruit were available.

The inspector recommends that consideration is given to relocating clinical furniture and medication trolley from resident dining rooms, to allow for additional space for residents around dining tables.

Inspectors found that weight records showed that residents’ weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a regular basis. Records also showed that some residents had been referred for and received a recent dietetic and speech and language (SALT) review. The treatment plans for residents was recorded in the residents’ records. Medication records showed that supplements were prescribed by a doctor and administered appropriately. However staff provided fortified meals as a first choice as individually required.

**Judgment:**
Compliant

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

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

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

**Findings:**
The inspector was satisfied that all staff treated residents with respect, with regard to each individuals' privacy and dignity and that strong emphasis was placed on these values by the provider and person in charge.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. The inspector observed staff interacting with residents in a friendly and courteous manner. There was an open visiting policy and contact with family members was encouraged and facilitated.

Residents’ meetings took place within the centre, the last minutes reviewed by the
inspector indicated it had been chaired by the group advocate. Many residents told the inspector they had opportunities to discuss issues as they arose with the person in charge, provider or any staff member. The person in charge and all staff were seen to interact well with residents during the inspection. The person in charge told the inspector that any issues raised by residents for example, in relation to food were addressed at local level or at management meetings where additional measures were required.

Residents had access to independent advocacy services, the advocate met with residents regularly and any issues raised were raised with the person in charge, to follow up on.

Relatives said if they had any query it was addressed immediately. They also said they were kept up to date with any changes in health or social care.

The inspector found that most residents said they had flexibility in their daily routines, for example, residents could decide whether to participate in activities available to them. They chose when to go to bed and the time they got up.

The inspector noted that televisions had been provided in residents’ bedrooms, and each room was wired for telephone access. Residents had access to newspapers daily and the activity staff read sections of the paper to residents relating to current affairs. Access to the internet was provided in house.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences every day at the centre with a colourful programme on view. There were activity staff employed in the centre and the benefits to residents were apparent. A schedule of activities was available each day and the inspector noted that various activities were being provided throughout the centre. The hairdresser visited regularly and was working on the day of the inspection. Residents commented they enjoyed their lifestyle and access to local shops and facilities. There was evidence that residents engaged in activities such as music, SONAS (a therapeutic programme specifically for residents with dementia), exercises, quizzes and hand massage. Social care assessments were in place in respect of all residents and residents, which included individual likes and dislikes and each resident had a care plan to guide the social care services delivered.

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

Findings:
Residents could have their laundry attended to within the centre. Residents and relatives expressed satisfaction and were complimentary about the laundry service provided. However, since the last inspection some issues had been raised with the management as feedback from residents and relatives, and a review of the laundry service had been completed to improve the service. All laundry services were provided on site. Adequate storage space was provided and there were procedures in place for the management of laundry that required additional infection control procedures. Residents admitted under the Nursing Homes Support Scheme had laundry services included in the overall fee and this was outlined in the contract of care, and resident's guide.

Residents had access to a locked space in their bedroom if they wished to store their belongings. There was a policy in place of residents’ property in line with the Regulations and a list of residents' property was maintained by staff.

Judgment:
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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
On the day of inspection the inspector found that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. Overall, the residents, relatives and staff agreed that there were adequate levels of staff on duty and needs were met in a timely manner. The inspector acknowledges that the staffing in place and improvements since the last inspection have been sustained by the provider and fully addressed in relation to increased staffing. The provider had provided an additional care assistant for the second floor from 14:00hrs to 20:00hrs each day, and additional staff had also been put in place on the ground floor daily from 08:00hrs to 14:00hrs. Staffing levels had been closely reviewed by the person in charge and
provider on a regular basis. Staffing levels (direct care) were clearly stated in the statement of purpose and function as 1:5 during the day, and 1:10 at night. Staff and relatives reported to the inspector that the care available on the second floor has gradually become more dementia focused. Although improvements had taken place since the last inspection further to an action plan, and the increased staffing levels were found to have been maintained.

Feedback from relatives spoken to by the inspector expressed satisfaction with the existing facilities and staffing levels. However, the respondents from some questionnaires expressed concerns in relation to availability of staff during some of day and night. The management team were informed of the relevant feedback by the inspector and undertook to review current staffing provision to meet resident needs.

The inspector found that there was a very committed and caring staff team. The person in charge and provider placed strong emphasis on training and continuous professional development for staff. Staff told inspectors that they felt well supported by the person in charge, management team and the provider. A clinical nurse manager was individually responsible for supervising care for each of the floors. In practice one staff nurse and a team of care assistants provided direct care and each floor had a defined allocation sheet for duties and care provision.

Resident dependency was assessed using a recognised validated dependency scale and the staffing rotas were adjusted accordingly. The inspector found that the nature of resident dependency had further increased since the time of the last inspection in that 50 residents were now assessed as maximum dependency and 14 residents as high dependency. Further improvements and staffing review was required and discussed with the provider and person in charge who undertook to review the staffing levels further to the feedback from residents and relatives.

The inspector found that there were procedures in place for supervision of residents in the communal areas, and additional staffing could be sourced internally with a clear system in place that staff were familiar with. Care staff have received training in use of the touch screen electronic record keeping system, and demonstrated competency in this area.

Staffing and recruitment were closely reviewed on the last monitoring event, and a sample of staff files were examined on this inspection. The inspector noted that all relevant documents were present, and vetting procedures were up to date. Administrative supports were in place to assist the provider and person in charge.

Staff told the inspector they had received a broad range of training which included falls prevention, wound management, end of life care, infection control, pain management, dysphagia, and the use of the malnutrition universal screening tool.

A training plan for 2014 was in place for staff. All of the 62 care assistants employed except one had completed Further Education and Training Awards Council (FETAC) level five or above. The person in charge regularly audited the training files to ensure all relevant training was provided in order to meet the needs of the residents.

Training was provided for staff in areas such as medication management, fire safety and
managing challenging behaviours.

The inspector reviewed all files and found that nursing staff had up to date registration with An Bord Altranais agus Cnámhséachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2014.

Staff told the inspector there were open informal and formal communication within the centre. The inspector found that there were formal arrangements to discuss issues and residents’ needs as they arose, at nurses meetings and staff meetings held regularly.

While nurses provided adequate supervision of staff and residents on a daily basis. The person in charge had completed training with nursing staff relating to their responsibilities for supervision and delegation of work to care assistants and allocation of workload. Residents and relatives confirmed to the inspector the availability of staff throughout the day and night and were happy with the standard of care at the centre. The provider and person in charge had an established appraisal system in place for all staff. Staff were formally supervised on a six monthly basis.

**Judgment:**
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.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

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

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<td>23/07/2014</td>
</tr>
<tr>
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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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Risk assessments relating to residents smoking arrangements were not fully completed on existing documentation to inform the care plan.

Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
Care plans have been fully completed to reflect the individual needs of the residents. A revised risk assessment is been developed which will inform care plans for residents.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
who smoke.
All staff nurses will be trained in the risk assessment process and the recording of the relevant information in the residents care plan.

**Proposed Timescale:** 31/10/2014

**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 records of complaints did not fully document the outcome of complaints and whether or not the complainant was satisfied with the outcome.

**Action Required:**
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the 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 highlighted by the inspector all complaints have been dealt with in a timely manner however the complainant was not acknowledged in writing or the outcome of the investigations were not put in writing allowing for the right of appeal.
All Complaints both written and verbal will be acknowledged in writing to the complainant and also the outcome of any investigation will be acknowledged in writing and will indicate the leave to appeal the process in the event that they are not happy with the outcome.

**Proposed Timescale:** 12/09/2014

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The records of complaints managed by the person in charge did not reflect if complainant was informed promptly of the outcome of their complaint and details of the complaints process.

**Action Required:**
Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

Please state the actions you have taken or are planning to take:
The Outcome of all complaints will be notified promptly to the complainant upon
completion of the investigation. This will be in writing and it will highlight the right of appeal in the event that the complainant is not happy with the outcome.

**Proposed Timescale:** 12/09/2014