

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Grange Con Nursing Home
Centre ID:	OSV-0000233
Centre address:	Coolatanavally, Carrigrohane, Cork.
Telephone number:	021 438 5479
Email address:	grangecon@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Grange Con Quarters Limited
Provider Nominee:	Julia Holland
Lead inspector:	Breeda Desmond
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	0

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 September 2014 08:00 To: 03 September 2014 15:00

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

Outcome 05: Documentation to be kept at a designated centre
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care (EOL care) and Food and Nutrition. In preparation for this thematic inspection the provider and person in charge received evidence-based guidance and undertook a self-assessment in relation to both outcomes. Prior to the inspection the inspector reviewed the EOL care policy and food and nutrition policy and the self-assessments. The inspector met residents, the person in charge and staff and observed practice on inspection. Documents were also reviewed such as staff training records, care plans, medication management charts, complaints log, minutes of residents' and staff meetings.

The person in charge completed the self-assessment and judged that the centre was compliant regarding food and nutrition and had a minor non-compliance with end-of-life care. The inspector found that the dining experience required review to meet the needs of all the residents and deemed a minor non-compliance in the area of food and nutrition. The person in charge identified the policies and documentation in relation to end-of-life care and food and nutrition required attention and this was remedied at the time of inspection and the inspector judged them to be compliant, but found minor non-compliance with medication management, staff training matrix, complaints procedure displayed and moderate non-compliance with the premises.

Overall, the inspector noted a warm and calm atmosphere in a homely environment. Residents spoken with were very complimentary of the food, choice and meal times

and staff.

There was evidence of improvements arising from the findings of the self-assessment and these will be discussed under the relevant outcomes in the report. Staff spoken with by the inspector exhibited an in-depth knowledge about the residents and their care needs, and this was reflected in their care plans.

The person in charge and staff displayed a commitment to the delivery of person-centred care and continuous improvement and the person in charge demonstrated knowledge of the Regulations and National Standards.

The actions necessary 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 are detailed in the action plan at the end of this report.

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

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 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Findings were discussed under Outcome 14: End of Life.

Judgment:

Non Compliant - Minor

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:

Person-centred care and support

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

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

Findings:

Findings were discussed under Outcome 16 Food and Nutrition.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Findings were discussed under Outcome 16 Food and Nutrition.

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:

The provider's self-assessment and overall assessment of compliance identified minor non-compliance with Outcome 14 and Standard 16 End-of Life care (EOL).

Following completion of the self-assessments they identified several items for inclusion in their policy in line with best practice guidelines as well as care plan documentation relating to end-of-life care wishes; further staff education, written information for families following the death, for example, how to register the death of their next-of-kin.

Overall, the updated policy was comprehensive and directed staff to give a high standard of evidence-based appropriate care to residents and their relatives at any stage of end-of-life care from a practical, emotional and spiritual perspective.

Residents who spoke with the inspector relayed positive feedback with regard to their care, access to the staff and their freedom to speak with the person in charge and staff regarding any issue. Evidence was demonstrated to show that planning of care was done in consultation with the resident and/or their next-of-kin and some residents had signed their own care plans. Following the self-assessment the person in charge introduced a new document to the residents' care plan called 'Terminal Care Wishes'.

The sample of care plans viewed showed that residents' wishes were comprehensively recorded by the nurse. End-of-life care wishes were also discussed with the GP and recorded in the residents' medical notes. Recently deceased residents' medical and nursing notes were reviewed by the inspector. They demonstrated that care and interventions were in line with best practice with records of clinical, emotional and spiritual care detailed.

Their self-assessment had identified that staff training regarding end-of-life care required review to ensure that staff had up-to-date knowledge of best practice care. This was remedied, whereby, staff had completed end-of-life care, let me decide and final journeys study days. While there was a staff training matrix maintained, the dates for manual handling and lifting and fire safety training and fire drills completed were input, all other training completed had just a box ticked so it could not be determined if staff training was up-to-date or not.

Medical notes were examined and residents had regular access to their chosen GP. Referrals to specialist services were evidenced. Residents were reviewed in-house by the dietician and speech and language specialist services; occupational therapy, diagnostic services, dental and diabetic services were available off-site upon request. Residents had access to palliative care services based in the nearby hospice. Notes reviewed demonstrated that residents were reviewed in-house, had timely access, interventions and follow-ups from this service.

A sample of residents' care plan documentation was reviewed. A daily check list was evidenced demonstrating the resident's involvement in activities and a daily narrative of care relaying the residents' status. Assessments were based on the activities of daily living and care planning was based on problems identified following those assessments. These were quite comprehensive and person-centred. Other risk assessments were evidenced-based and there were a core number of risk assessments in place, for example, a scale for predicting pressure sore risk, dependency levels, skin integrity, nutritional risk and falls.

The centre-specific medication management policy was in place and this was reviewed. It outlined that transcription of medications occasionally occurred in the centre. While two nurses co-signed the transcribed medications, the date which the transcription occurred was not recorded. This was discussed with the person in charge who outlined that the prescription chart/drug administration recording chart was being reviewed in line with best practice guidelines and this finding would be taken into consideration when developing the new chart. Management of controlled drugs were reviewed and overall this requires further attention; there was just one signature upon receipt of controlled drugs and one delivery recorded the number of controlled drugs received but there was no signature to indicate the nurse or pharmacist delivering the medications. Occasionally, there was just one nurses' signature in place for administration of controlled drugs and best practice stated that two nurses check and sign the controlled drugs book. A separate record was available for returned medications and controlled drugs were included in this record; which was signed by the nurse and contained the pharmacy identification stamp. Residents' prescription charts were examined and medication reviews were signed and dated by the GPs. Photographic identification was in place for residents. The maximum dosage for PRN (as required) medicines was

included in the sample of prescriptions viewed.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre every Wednesday. There were no overnight facilities for family members, nonetheless, families were welcome to stay overnight in one of the day rooms or sun room.

Contracts of care were reviewed. The contract assessed were dated, the fees to be charged and additional fees to be charged were included; the contract was signed and dated by the next-of-kin and a witness in line with best practice.

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:

The inspector reviewed the person in charge's self-assessment questionnaire of compliance with Regulation 20 and Standard 19 Food and Nutrition. The person in charge had assessed the centre compliant regarding food and nutrition however, the inspector judged this to be in minor non-compliance.

The centre had an up-to-date policy on food and nutrition which had been amended subsequent to the self-assessment and was comprehensive.

Kitchen staff spoken with and staff training records reviewed demonstrated that kitchen and care staff had completed the following courses in 2013/2014:

- 1) a refresher course in hazard analysis and critical control point (HACCP)
- 2) food consistencies
- 3) dysphagia and posture
- 4) nutritional risk assessment
- 5) well balanced diets and wound care

Specialist dietary requirements were catered for and kitchen staff relayed that the nurse in charge communicated changes to residents' needs as well as speech and language reports and these were evidenced by kitchen staff. Menus with choice were displayed and residents were shown the menu choice each morning after breakfast and their

preferences were relayed to the kitchen.

A nutritional assessment tool was part of documentation with current records maintained in residents' notes. There was evidence that staff completed a daily record of residents' nutritional and fluid intake/output when the resident's condition warranted. Residents' weights were recorded monthly or more often if indicated.

There was a dining room where 16 residents could be accommodated in the dining area. There were two sittings for meals where the more dependent residents who required assistance, were seated first.

The inspector observed mealtimes in the dining room including breakfast, mid morning refreshments and lunch. Some residents requested their breakfast at 8:00hrs and this was facilitated. All other residents had their breakfast from 08:30hrs onwards either in bed or in the dining room. Residents were given choice of cereals and juices, bread, soft cake and toast at breakfast. Mid-morning and mid-afternoon snacks and hot and cold drinks were served. Tables were set with place-mats, assistive cutlery where necessary, and drinking glasses. Lunch was served from 12:30hrs. Residents were assisted appropriately to mobilise to the dining room for lunch, however, it did not appear to be in a manner conducive to a social occasion. For example, at one table while residents were seated at the same time, one resident was finished her main course and started her dessert before other residents at the table received their main course.

Following the self assessment the person in charge distributed a questionnaire to residents and got valuable feedback regarding meal choices and variety. Residents who spoke with the inspector outlined they had completed the questionnaire and menu variety had greatly improved. For example there was a choice now of meat or fish every day and several choices for dessert. The complaints log was reviewed but none of the issues raised pertained to meals. The complaints procedure was displayed at main reception however, the information was not in an easily accessible format.

Hand hygiene opportunities were observed to be taken by staff and completed in line with best practice. Hand gel dispensers were available throughout with the appropriate hand hygiene advisory signage displayed. However, hand wash sinks for clinical use were non-compliant with best practice standards as they were not hands-free, the water jet flowed directly into the water outlet aperture, which contained a metal grid.

Previous inspection reports detailed issues relating to the premises, for example, multi-occupancy bedrooms, inadequate sluicing facilities, limited dining and private space, and limited space in the kitchen. The provider had applied for planning permission to address these findings.

Judgment:

Non Compliant - Minor

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):
No actions were required from the previous inspection.

Findings:
Findings were described in Outcome 18: Suitable Staffing.

Judgment:
Non Compliant - Minor

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:

Breeda Desmond
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Grange Con Nursing Home
Centre ID:	OSV-0000233
Date of inspection:	03/09/2014
Date of response:	26/09/2014

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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

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:

While two nurses co-signed the transcribed medications, the date which the transcription occurred was not recorded in line with the centre policy and best practice professional guidelines.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in

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

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:

Staff nurses are advised to put the date when the transcription occurred

Proposed Timescale: 26/09/2014

Theme:

Governance, Leadership and Management

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

There was just one signature upon receipt of controlled drugs; one delivery recorded the number of controlled drugs received but there was no signature to indicate the nurse or pharmacist delivering the medications. Occasionally, there was just one nurse's signature in place for administration of controlled drugs and best practice stated that two nurses check and sign the controlled drugs book.

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:

Staff Nurses are instructed to ensure two nurses check and sign the controlled drugs book, however when one staff nurse is only available to sign controlled drug book the pharmacist and staff nurse should both sign the controlled drug book.

Proposed Timescale: 26/09/2014

Outcome 12: Safe and Suitable Premises

Theme:

Person-centred care and support

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

Previous inspection reports detailed issues relating to the premises, for example, multi-occupancy bedrooms, inadequate sluicing facilities, limited dining and private space, and limited space in the kitchen. The provider had applied for planning permission to address these findings.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Plans are in progress to build an extension to provide more space in multi occupancy rooms. Also to increase dining space. Work will be carried out to maximise kitchen space to include additional shelving/storage space. The sluice room will be re-designed to meet the needs of the facility

Proposed Timescale: Extension and dining space:30/11/2016

Sluice and Kitchen work - 31/12/2014

Proposed Timescale: 30/11/2016

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 complaints procedure was displayed at main reception, however the information was not in an easily accessible format.

Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

Complaint procedure will be clarified for the residents and relatives and displayed at the main reception. Complaint procedure is in the information booklet which will be given to the residents on admission

Proposed Timescale: 26/09/2014

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Residents were assisted appropriately to mobilise to the dining room for lunch, however, it did not appear to be in a manner conducive to a social occasion, for example, at one table while residents were seated at the same time, one resident was finished her main course and started her dessert before other residents at the table received their main course.

Action Required:

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

Residents are coming to the dining room and the meals are served at the same time to make it more sociable. Staff are now more aware of this issue.

Proposed Timescale: 26/09/2014

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

While there was a staff training matrix maintained, the dates for manual handling and lifting and fire safety training and fire drills completed were in place however, all other training completed had just a box ticked so it could not be determined if staff training was up-to-date or not.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

In the staff training matrix there are date for all the training completed.

Proposed Timescale: 26/09/2014