<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Strawhall Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000295</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Strawhall, Fermoy, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>025 31 678</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:strawhallnursinghome@eircom.net">strawhallnursinghome@eircom.net</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>Strawhall Nursing Home Partnership</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Margaret Rice</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary O'Mahony</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<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>29</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</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

<table>
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<tr>
<th>From:</th>
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<tr>
<td>22 October 2014 10:00</td>
<td>22 October 2014 17:30</td>
</tr>
<tr>
<td>23 October 2014 09:30</td>
<td>23 October 2014 21:00</td>
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</tbody>
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The table below sets out the outcomes that were inspected against on this inspection.

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<th>Outcome 01: Statement of Purpose</th>
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<td>Outcome 02: Governance and Management</td>
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<td>Outcome 03: Information for residents</td>
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<td>Outcome 04: Suitable Person in Charge</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 10: Notification of Incidents</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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Summary of findings from this inspection

This re-registration inspection by the Health Information and Quality Authority (HIQA or the Authority) was announced and took place over two days. Strawhall Nursing Home was established in 1988. It was a two-storey building set in well maintained mature gardens. It was located within walking distance of the town of Fermoy. The centre was extended previously and now catered for 30 residents. On the day of inspection one resident was in hospital and there was one vacant bed. There are 22 single rooms, 10 of which have en suite shower, toilet and wash basin facilities. There were four twin-bedded rooms, one of which had en suite facilities. Ten residents were accommodated on the first floor with the remainder at ground floor level. A stair lift was fitted to the stairs and a lift was available to the first floor.
There were two mobile residents accommodated on the second floor of the building in single occupancy bedrooms.

The dining room was a large spacious bright area, adjacent to the kitchen. There were a number of communal seating areas in the centre and there was adequate space for residents to sit with their visitors. An enclosed courtyard provided residents with a safe recreational outdoor area. Residents had different dependency levels ranging from those who were very active and self caring to more dependent residents with high care needs. The centre also provided facilities for respite residents.

As part of the inspection, the inspector met with the provider, the person in charge, residents, relatives, and staff members. The inspector observed care practices and reviewed documentation such as care plans, medical records, accident and incident records, policies, fire safety records and staff files. The feedback on the pre-inspection questionnaires from residents and relatives was one of satisfaction with the service and care provided.

The findings of the inspection are set out under 18 outcome statements. These outcomes are based on 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. There were some areas of non-compliance with these regulations and standards identified on inspection. Areas of non-compliance included: medication management, staffing and health and safety.
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 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 statement of purpose and function was viewed by the inspector. It described the service offered by the centre and detailed the facilities which were provided. It outlined the governance and management structure and the staffing levels. It also described the aims, objectives and ethos of the centre. It was available to residents, staff and visitors to the centre. The statement of purpose was found to meet the legislative requirements set out in Schedule 2 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 quality of care and experiences of the residents were monitored on an ongoing basis. Effective management systems were seen to be in place in the centre during the inspection. The provider assured the inspector that there were sufficient resources in place to ensure the delivery of safe and quality care to residents.

The person in charge was supported by a good management structure with experienced nursing personnel in the group. She had been appointed two months prior to the
inspection and was knowledgeable and well briefed on her role and responsibilities. There were clear lines of authority and accountability. There were detailed handover meetings held by staff at the changeover of the shifts. These were witnessed by the inspector. The inspector saw evidence of management and staff meetings and saw that issues were addressed in a proactive way. Improvements were seen to have occurred as a result of the learning from audit outcomes and from any incidents which had occurred.

There was evidence of consultation with residents and their relatives. The inspector spoke with residents who said that there were residents’ meetings held in the centre. The residents had access to advocacy services if required. Relatives spoke with the inspector about the fact that staff frequently consult with them if there was a change in the status of the resident or if any accident occurred. The inspector reviewed the results of residents' surveys, of residents' meetings and of the pre inspection questionnaires for this inspection.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
The resident's guide was seen by the inspector and this was available to all residents. It was placed prominently in the hallway of the centre and was easily accessible. It was seen to comply with the requirements set out in section 20 (1) and (2) of the Regulations.

Contracts of care had been implemented for residents and samples of these contracts were viewed by the inspector. The contracts were comprehensive and contained the required details under the Regulations such as: the fees to be charged and how the care and welfare of residents would be met. There was also information available for residents on notice boards in the centre and from staff and visiting community groups.

Judgment:
Compliant

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 been appointed to her post in August 2014. The inspector spoke to her at length during the inspection and she displayed a detailed knowledge of the Standards and Regulations. The person in charge was found to be experienced and committed and she demonstrated a full awareness of the accountability and responsibility attached to her role. She was involved in the centre every day and had a person-centred approach to caring for residents.

Staff, residents and family members were able to identify her as the person in charge and they informed the inspector that she was approachable, friendly and accessible. She shared her vision and plans for the ongoing provision of evidenced based care and outlined her plans for staff training, recruitment and appraisal. The inspector saw evidence of the care planning and policy updates which she had implemented since her appointment.

Judgment:
Compliant

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:
All the records required under the Regulations were maintained in the centre. The records viewed by the inspector were accurate and up to date. The records were securely stored in the staff office and the person in charge assured the inspector that residents can access their files if necessary. Records of inspections by other bodies were maintained.

The Residents’ Guide was seen by the inspector and it was informative and comprehensive. Medical records were maintained and the inspector was shown up-to-date restraint and accident logs. The inspector viewed a selection of residents’ care
Each care plan outlined the social and medical needs and recognized tools were used to assess the medical, physical and psychological needs of residents. The inspector viewed evidence of liaison with consultants and other health professionals involved in the multidisciplinary team.

There were centre specific policies which were updated and reviewed when required and these included the policies specified in Schedule 5 of the Regulations. Staff demonstrated an understanding of the policies and signed a document to demonstrate that they had understood the requirements of such policies. Staff to whom the inspector spoke indicated that they were aware of the policies for the centre and the inspector viewed the signing sheets of a sample of the policies. The person in charge said that staff reviewed a different policy each week and in this way they remained familiar with the protocols and policy guidelines set out for care in the centre. However, the inspector noted that the policy on medication management was not adopted and implemented in the centre especially in regard to the transcribing of medications: the transcribed drug chart did not include the signatures of the two staff members who transcribed the drugs.

The centre was adequately insured against injury to residents according to the insurance certificate viewed by the inspector.

The inspector viewed a sample of staff files and found them to be in good order and contained all the required documents. References, Garda vetting and qualification details were in place in each file. The inspector viewed the registration details of staff nurses in the centre. The planned and actual staff roster was seen and the inspector noted both were similar. Records were viewed by the inspector which indicated that the residents' right to refuse treatment was documented and there were records available to indicate to the inspector that discussions were held with residents and their representatives about CPR (Cardio-Pulmonary-Resuscitation) and other advanced care wishes. However, the inspector observed that one resident did not have an end of life preference documented in a comprehensive and accessible manner. It was not signed or dated by the person making the entry and was not documented on the designated documentation for those wishes and preferences. The maintenance of this record was necessary to comply with the requirements of Schedule 3 section 4 (h) of the Regulations. It was particularly significant as the resident was non-verbal and had a progressive condition. Complaints were documented and records of notifications to the Authority were also seen.

Judgment:
Non Compliant - Moderate

**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.

Theme:
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge for more than 28 days. The person in charge worked full time and was supported in her role by an experience nurse who acted as the key senior manager (KSM). The KSM covered for the person in charge in her absence. The provider was aware of her responsibility to inform the Authority about the absence of the person in charge.

Judgment:
Compliant

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 person in charge stated that staff were made aware, on a regular basis, of how to identify and report any allegations of elder abuse. She attended staff handover meetings to ensure that she was informed of any issues regarding residents’ care and welfare. She informed the inspector that she would speak to residents and relatives each day. During the inspection, the inspector observed the person in charge interacting and supporting residents and relatives. Residents with whom the inspector spoke confirmed that they felt safe in the centre and that their concerns would be listened to.

Staff, with whom the inspector spoke, were able to confirm their understanding of the types of elder abuse. They were aware of their reporting obligations and how they would support a resident in this situation. The inspector viewed the policy for responding to allegations of adult abuse. This policy was centre-specific, comprehensive and provided details in relation to the actions required by staff when responding to an allegation of elder abuse. The inspector reviewed the measures that were in place to safeguard residents’ money and noted that receipts were obtained and where possible the residents’ or their representatives’ signature had been recorded. The inspector found that the amount of money kept for residents use correlated with the written records. Records were viewed of the balance in the bank accounts of residents for whom the centre acted as a pension agent. These accounts were easily understood, transparent and accessible.
Judgment:
Compliant

**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:**
There was a comprehensive emergency plan in place which detailed actions to be taken in the event of emergency situation. It specified the arrangements for the evacuation of residents and identified an external location for the temporary placement of residents. The emergency plan was found to meet the requirements of legislation. The centre had a safety statement which had been reviewed in July 2014. The fire prevention policy was viewed by the inspector and was found to be detailed and centre-specific. There were signs placed prominently around the centre to alert staff and residents to the procedure to follow in the event of a fire. The emergency lighting was checked and serviced at regular intervals and the inspector viewed these records. They were found to be up to date and also indicated that the fire extinguishers were checked and serviced as required. Fire training was provided to all staff in 2013 and 2014 and this also included fire marshal and fire warden training. Regular fire evacuation drills were undertaken. Staff spoken with by the inspector were aware of the procedure to be followed in the event of a fire. Fire evacuation blankets were placed on residents’ beds and there was an evacuation list at the reception desk which was updated each morning. The fire alarm and the fire doors were checked regularly and the records were checked by the inspector.

The inspector viewed records of accidents and incidents and the inspector noted that the issues were resolved and that the outcomes was recorded. There was a section that outlined the learning that had occurred as a result of each incident. The centre-specific health and safety statement was seen by the inspector. The risk management policy was reviewed and was seen to comply with Regulation 26 (1). Clinical risk assessments were undertaken for residents; including falls risk assessment, assessments for dependency and skin integrity, continence, moving and handling and challenging behaviour. The inspector viewed these in the residents’ files and saw the plans of care were drawn up, where necessary.

The inspector observed staff abiding by best practice in infection control with regular hand-washing and the appropriate use of personal protective equipment such as gloves and aprons. Hand sanitizers and sinks were present at the entrance to the building, on the corridors, on the different floors and in the communal areas. The inspector saw that gloves were stored safely. The inspector spoke with the cleaning and laundry personnel who showed the inspector the training records and the schedules drawn up to maintain the hygienic conditions. The inspector noted that the centre was clean and that the staff
were maintaining the documentation which indicated the times and details of the cleaning regime.

Hoists, wheelchairs, weighing scales, electric beds and mattresses were serviced on a regular basis and these records were seen by the inspector. Hoists and wheelchairs were also cleaned thoroughly on a weekly basis. Manual handling training was undertaken at least every two years however, some risk assessments were not carried out. For example on the upper floors there were two windows which had large openings however, these windows had not been risk assessed. During this inspection and following a risk assessment these windows were fitted with a suitable restrictor. In addition, there were un-lagged hot water pipes in the unsecured store room and the unsecured front door also required a risk assessment as there were some residents at risk of absconsion. Some controls were already in place such as an alarm for the night time and security bracelets for the residents. However, as it this door opened out onto the car parking area it required a review of these controls. The inspector spoke with the member of staff who acted as health and safety officer for the centre. She showed the inspector the risk register that was suitable and up to date. She had recently carried out an audit in the centre and was working with staff in implementing controls where risks had been identified.

The centre had an outside smoking area. There was also a room set aside for residents who smoked. There was only one resident in the centre who smoked and there was a risk assessment seen in his file. However, the controls in place for fire prevention in this room were not adequate and there was no air extractor fan available. There was a 'skylight' window in place but this could not be opening if it rained or if the weather was cold. The room was not fire safe, as linen was stored in a cupboard in the room. The ash tray was inadequate as the inspector noted ash from a cigarette on the floor. The provider told the inspector that these controls would be reviewed. While the inspector was on the premises the linen was removed elsewhere and a large bucket ashtray was sourced. The provider said that she had planned to install an extractor system.

Judgment:
Non Compliant - Moderate

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:
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

The inspector observed medication rounds. The practice of checking, dispensing, and
recording of the drugs administered was in line with current legislation. There was a single dose system in operation. Photographic identification for residents was present. Nurses spoken with demonstrated a clear understanding of their An Bord Altranais agus Cnaimhseachais na hEireann responsibility as regards medication management. However, the inspector found that an error had occurred in recording the administration of medication. A controlled drug was not recorded as given in the drug administration sheet. This error had not been documented as it had gone unnoticed. The medication trolley was stored in the dining room. The inspector saw that there had been incidents recorded of residents requiring attention during the medication round which had resulted in fluid being spilt on the record book among other events. The person in charge carried out a risk assessment and following this the trolley was moved to a small treatment room where it was to be secured to the wall. Controlled drugs were checked by the inspector. The recording of these drugs was found to be correct.

Medication management was the subject of an audit by the pharmacist and also by the person in charge. The inspector was shown the outcome of these audits and found that not all issues were identified such as the incorrect use of the transcribing policy and the doctor's instructions not being signed and dated when transcribed by the nurse. Medications which could be crushed were signed by the general practitioner (GP). However the inspector saw that medications which were specified in documentation as "not to be crushed" and "swallow whole" were being crushed. These were enteric coated (a specific coating to prevent irritation of the stomach) drugs. An alternative such as a syrup form of the drug had not been identified. This was discussed with the person in charge during the inspection. The maximum dose of PRN (when required) medication was not always stated. Medications were reviewed three monthly by the GPs and the inspector saw these records. There were medication fridges in the centre and the temperature of these fridges was recorded. The contents were found to be in date and marked with residents' names where appropriate. The pharmacist provided advice on various aspects of medication management for nursing staff and the person in charge said that the pharmacist was responsive and attentive to the needs of the residents in the centre. The inspector viewed records of meetings between the person in charge and the pharmacist. Following the inspection the person in charge informed the inspector that a detailed review and audit was undertaken by the pharmacist and any outstanding issues were corrected and addressed. Staff training was also to be updated in medication management. Failings under this outcome were also addressed under outcome 5: Documentation to be kept at a designated centre.

Judgment:
Non Compliant - Moderate

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:**
The inspector saw that notifications to the Authority were forwarded within the required timeframes. These notifications were viewed prior to and during the inspection and the inspector was satisfied with the actions taken and medical care provided.

There was an incident and accident record maintained for both residents and staff and the inspector viewed this and saw that any relevant incidents correlated with the notifications received by the Authority.

The person in charge had notified the Authority of incidents in line with the requirements under Regulation 31 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, the inspector noted that an injury to a resident’s leg which had been caused by a bedrail had not been notified to the Authority. This injury had resulted in a large leg wound which had required the administration of antibiotics to the resident and continued wound dressing.

**Judgment:**
Non Compliant - Major

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

**Findings:**
Each resident’s wellbeing and welfare was 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 were set out in an individual care plan that reflected his/her needs, interests and capabilities. These plans were drawn up with the involvement of residents and reflected any changing needs and circumstances. The inspector saw evidence of this involvement and where necessary resident’s representatives had signed consent forms and reviews of care plans. Residents were provided with the services of a GP of their choice and they were facilitated to retain their own GP wherever possible. Residents received a full review of all their medical care and their medication was updated as necessary. The person in charge outlined the assessment process for the residents coming to the centre and said that this was reviewed as the need arose.

A chiropodist service was available and residents had access to the optician, the dentist,
the occupational therapist, the speech and language therapist and the physiotherapist if required. These services were availed of in house and on an external basis. There was along waiting list for some services however and if an appointment was urgent a resident would be given the option of paying for a private appointment. Dietary advice and modified diet instruction were provided by staff from a nutritional company and this service also offered training to staff. The inspector viewed the training records of staff and saw that staff had training in nutrition, dysphagia (swallowing difficulties) and modified diets among others.

The inspector viewed a sample of care plans which detailed the residents' needs and choices. The inspector observed that care was seen to be delivered to residents in accordance with their care plan. The care plans were dated as reviewed on a four monthly basis. The wound assessment charts and skin care charts were found to be comprehensive and the inspector noted that skin care was also addressed at the handover report. Wound care training had been provided to nursing staff. The inspector saw that there were strategies identified to alleviate behaviour that challenges as necessary and the inspector noted that staff displayed patience and respect when interacting with residents who had dementia. In line with the national policy on restraint staff spoken with were aware of what constituted restraint. There was evidence that staff were liaising with the relevant medical teams for advice and assessment on a regular basis, if there were issues which needed a particular input as required under Regulation 6 (2) (c). Residents were also facilitated to attend appointments with consultants where necessary. There were opportunities for residents to pursue healthy lifestyle choices and some recreational activities. There was a wholesome and varied diet available. There was ongoing monitoring of each resident’s health status and staff regularly checked the residents' weight, blood pressure and blood tests.

There was an activity programme in place and the residents informed the inspector that they were aware of the activities available and of which they wished to participate in. The inspector saw this programme displayed on the notice board in the hall and observed staff members leading and encouraging the residents. Some of the activities included bingo, memory games, chair based exercises, quiz, art, music and planting. On some occasions the residents' right to refuse treatment had been documented and the inspector noted that if a resident refused medication this was documented. However, the inspector addressed the failure to record in detail the expressed wish of a resident to forego certain treatment under outcome 5: “Documentation to be kept at a centre”.

**Judgment:**
Compliant

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**Outcome 12: Safe and Suitable Premises**

The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. 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 design and layout of the centre was suited for its stated purpose and met residents' individual and collective needs. The premises, having regard to the needs of the residents conformed to the matters set out in Schedule 6 of the Health Act 2007 (Care And welfare of Residents in Designated Centres for Older People) 2013. It promoted residents’ dignity, independence and wellbeing. There was a functioning call bell system in place and a lift and a stair lift to access the first floor. There was a gate at the end of the stairs and staff informed the inspector that residents using the lifts would be appropriately supervised. There was suitable storage for residents’ belongings such as a wardrobe and bedside locker.

The centre maintained a safe environment for resident mobility with hand-rails in hallways and corridors kept uncluttered and tidy. There were appropriate pictures and furnishings on display. Residents spoken with by the inspector said that they found the centre to be very comfortable. They enjoyed the spacious well maintained grounds with seating available for residents and visitors. The inspector spoke with relatives who expressed their satisfaction with the accommodation for the residents and said that they could visit their relative in private. Adequate space was available for privacy such as a visitors' room and single occupancy rooms. There was a variety of communal space available. Heating and ventilation was suitable. Water was at a suitable temperature. The premises and grounds were well-maintained and free from significant hazards which could cause injury. Residents had access to a safe garden. The centre was generally clean, tidy and organised. The room dimensions met the requirements for existing centres of the National Quality Standards for Residential Settings for Older People 2009.

Each bedroom had a wash-hand basis or an en suite facility. There were a sufficient number of toilets, bathrooms and showers to meet the needs of residents. Sluicing facilities were provided. Equipment was maintained and stored to a safe standard. Records were maintained of servicing and these were viewed by the inspector. There was a well equipped and well stocked kitchen. Reports from other inspection areas were maintained for viewing if required. The dining room was nicely decorated with white tablecloths and good quality tableware and cutlery in use. Suitable staff facilities for changing and storage of staff property were provided.

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):
No actions were required from the previous inspection.

**Findings:**
The centre had an up-to-date policy and procedure for the management of complaints. The complaints procedure was displayed in a prominent place and a copy was included in the residents’ guide and the resident’s contract of care. Residents were aware of how to make a complaint and the person in charge was the complaints officer. The provider monitored the complaints, the independent appeals person and process was outlined in the statement of purpose and in the information sheet for residents.

There was a nominated person to deal with complaints and the provider was the nominated person to ensure that all complaints were appropriately responded to. Residents spoken with by the inspector stated that they could raise any issue or concern with the person in charge or staff.

There was evidence that a record of complaints was maintained in the centre. This record included the details of the complaint, the results of any investigations, any actions taken and whether or not the complainant was satisfied with the outcome of the complaint. The inspector spoke with relatives who said they were aware of how to complain and indicated that they were familiar with the process.

**Judgment:**
Compliant

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**Outcome 14: End of Life Care**
*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

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

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

**Findings:**
Care plans viewed by the inspector in relation to end-of-life care indicated residents’ wishes as to their preferred place of care. There was evidence that, where appropriate, relatives were involved in the care plan. Staff, spoken with by the inspector, were aware of information for individual residents in the care plans. The inspector noted that arrangements were in place to ensure that residents’ choices were respected and that the plan was clear and unambiguous. If a resident declined the option of cardio-pulmonary resuscitation in the future, this was seen to be documented. The person in charge showed the inspector the list of residents who had chosen not to be resuscitated and this was reviewed regularly.

The centre had a policy on end of life care which indicated that every effort was made to ensure that residents received care at the end of life which met their holistic needs and respected their right to autonomy and dignity. There was evidence that residents had access to specialist palliative care services and staff members spoken with by the
inspector had palliative care training completed.

All religious and cultural practices were facilitated. There was a religious service twice a month and there was an opportunity for residents to pray alone or in groups if this was their wish. Family and friends were supported to be with the resident at the end of life and accommodation could be availed of if necessary. Residents of all religious denominations would receive end-of-life care appropriate to their beliefs, and the inspector noted that the centre had a copy of the HSE multicultural guide for religious practices for reference. One resident was unwell on the day of inspection and the inspector spoke with him and his family also. They were fully informed of any changes in the residents' condition. They were happy with the care that was being given and spent time with the inspector explaining their interactions with the person in charge and with the GP whom they found very accessible and informative. This resident was seen to be well cared for and the inspector saw that his emotional and physical needs such as mouth care, were being attended to. He was visited by the GP while the inspection was in process.

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 centre had a comprehensive policy for the monitoring and documentation of nutritional intake which was seen to be implemented in practice. The inspector reviewed the policies and found that they were in line with best practice guidelines. The inspector noted that there were jugs of water readily available in the sitting room and in the residents' bedrooms. This was available throughout the day and staff were seen to assist residents who could not independently access drinks. The inspector viewed training records which indicated that staff had attended training in aspects of nutrition, food consistencies and food hygiene. The person in charge told the inspector that these education sessions were continuing, with a dietician from a nutrition company. The inspector saw training records which indicated that kitchen staff had been facilitated to attend updated training appropriate to their role.

The inspector observed mealtimes including dinner and the evening meal. The inspector sat at the dining table and spoke to residents who told the inspector that they were very happy with the meals on offer. There was a menu card available and residents had a choice of two meals at each sitting. Residents on diabetic and coeliac diets were accommodated. The dining rooms were bright and spacious. The residents were able to
dine with dignity and staff were seen to assist some of the residents with their meal. Modified diets were well presented and there was a choice available of these meals also. The inspector reviewed records of residents’ meetings. It was evident that issues raised by residents, as regards to food, were addressed. The inspector spoke with the chef and the kitchen assistant who said that they regularly met with the person in charge and dietician to discuss residents' dietary needs. The chef showed the inspector her files, which contained relevant information and a record of residents’ food preferences. The kitchen was seen to contain a plentiful supplies of fresh and frozen foods. Hand washing facilities were available.

There was a four weekly menu rotation in place. Staff were seen to be attentive and knowledgeable about residents dietary needs and were able to tell the inspector how they would assist a resident who had swallowing difficulties or a resident who appeared to be choking. Some residents were seen to have individual positional and seating arrangements depending on their assessed needs. The inspector noted during dinner time that gravy was served in individual gravy bowls. A sample of medication administration charts reviewed by the inspector indicated that nutritional supplements were prescribed by the GP and that they had been administered by staff.

**Judgment:**
Compliant

**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:**
There was evidence that residents were consulted about how the centre was run. Residents' meetings, chaired by members of staff, were facilitated on a regular basis. There was evidence that suggestions emanating from these meetings were acted on by the provider. Residents' satisfaction surveys were undertaken. There was a policy on communication with residents in the centre. The centre was located near a busy town and was centrally placed in the community where residents could be apprised of local events. Residents were facilitated to partake in meaningful activities. The provider informed the inspector that residents were facilitated to vote, where possible. During the inspection the inspector observed an art class, exercise class, quiz and a music session. One group of residents informed the inspector about the parties which were facilitated for residents and their families and friends. A hairdresser visited weekly and there was a small salon on the premises where the inspector saw residents being attended to.
The person in charge told the inspector that she met with residents and relatives on a daily basis and the inspector noticed that staff were engaging with residents and relatives in a dignified and approachable manner. One visitor spoke with the inspector and at the end of the conversation he said that he would like to talk to the person in charge. She spoke to him at length and said that she was able to provide him with the information and reassurance he needed. The inspector noted that residents received care in a manner which respected their privacy at all times. Residents had access to a portable phone in the centre and personal mobile phones. Televisions were located in all bedrooms and in the communal rooms. Information on local events was provided by the volunteers and staff members. The inspector saw information on events advertised on the notice board and heard staff members talking to residents about local events.

Residents with whom the inspector spoke were aware of recent local and national events and were able to converse about their life and experiences in the centre. All residents spoken with said that they felt happy and praised the new person in charge, the provider and other staff members. The inspector observed that visitors were plentiful and those with whom the inspector spoke were very pleased with all aspects of care in the centre.

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:**
The centre had a policy on residents' property and possessions. A record of property was kept and the inspector viewed these in residents' files. Personal property was safeguarded through appropriate record keeping. Residents were enabled to keep control of their own possessions and clothing through the provision of large wardrobes and lockers. There were adequate laundry facilities and the laundry staff member showed the inspector her system for identifying and managing residents' clothing. There were alginate bags available for the segregation and washing of soiled clothing. The personal property of any deceased residents were washed and ironed prior to return to the family and there was a special bag available for this. The inspector saw evidence that residents were encouraged to personalise their rooms. The bedrooms were comfortable and were decorated with residents’ pictures and photographs. There was good storage space for clothing and personal items. Most of the bedrooms were single occupancy and some of them had an en suite facility.

Judgment:
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:
Residents and relatives indicated that staff were responsive to their needs and treated them with respect and dignity. A staff development and appraisal system was implemented for all nursing and care staff and the inspector saw evidence of this in staff files. There was a clear management structure and staff were aware of the reporting mechanisms and the line management system. Staff demonstrated a clear understanding of their role and responsibilities which ensured appropriate delegation and supervision in the delivery of person-centred care. Centre-specific, evidence-based recruitment policies and procedures were reviewed by the inspector. Staff records showed that staff were recruited and inducted in accordance with best practice. During the morning of inspection, there was one nurse on duty in addition to the person in charge, five care staff, two catering staff, one laundry staff, one cleaning staff, one administration staff, a maintenance staff and the provider. This staffing level was decreased in the afternoon and evening. The provider had adequate dining and changing facilities in place for staff.

The inspector reviewed staffing rotas, staffing levels and skill mix and the person in charge informed the inspector that that she was satisfied that there were sufficient staff on duty to meet the needs of the residents. The inspector found that there was a good level of appropriate training provided to staff and they were supported to deliver care that reflected contemporary evidence based practice. Most of the staff had completed mandatory fire and evacuation training, elder abuse training and training in infection control and aspects of nutrition. However, staff members with whom the inspector spoke did not have training in managing behaviour that challenges and some staff required updated training in the prevention of adult abuse and manual handling in the centre. The person in charge said that volunteers had been visiting the centre for many years and played bingo with the residents on a weekly basis. However, volunteers in the centre did not have Garda vetting completed and did not have their roles and responsibilities set out in writing.

Registration details with An Bord Altranais agus Cnaimhseachais na hEireann for all
nursing staff were seen by the inspector and were found to be up to date. The inspector looked at a sample of staff files and found that they contained the regulatory information in relation to matters identified in Schedule 2 of the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2013.

**Judgment:**
Non Compliant - Major

**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:**

Mary O'Mahony  
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 report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Strawhall Nursing Home</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000295</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>22/10/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>01/12/2014</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 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:**
The policy on medication management was not adopted and implemented in the centre especially in regard to the transcribing of medications: the transcribed drug chart did not include the signatures of the two staff members who transcribed the drugs.

**Action Required:**
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
policies and procedures on the matters set out in Schedule 5.

**Please state the actions you have taken or are planning to take:**
All nursing staff will undertake medication management training by 12th December 2014. All medication kardexes have been replaced and where transcribing occurs two RGN’s sign document.

**Proposed Timescale:** 01/12/2014

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A record of a resident's decision not to receive certain treatment was not properly maintained or documented in the centre.

Records of drugs administered were not maintained for all residents and were not signed and dated by the administering nurse as per Schedule 3 (4) (d) in accordance with any relevant guidelines.

Medication errors were not recorded in accordance with the requirements of the regulation set out under schedule 3 (4) (i).

**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:**
The decision regarding treatment for the resident highlighted has been clarified and documented.

The medication error has been documented in revised medication error reporting form. Medication management training will be completed by all nursing staff by 12th December. Medication audits are ongoing.

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

**Outcome 08: 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:**
On the upper floors there were two windows which had large openings. These had not been risk assessed.

There were un-lagged hot water pipes in the open store room.
The open front door required further risk assessment as there were some residents at risk of absconsion in the centre. This door led on to the car parking area. The smoking room required risk assessment, a supervision plan, fire-proofing, the provision of an air exchange mechanism and a more suitable ashtray.

Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
A risk assessment has been completed on the room with large opening. All pipes have been lagged and doors locked with keys stored safely. The risk assessment has been completed on the smoking room. Staff provide a light when required and both resident and room monitored post cigarette smoked. All flammable material has been removed from the smoking room and extractor fan installed. A further risk assessment has been completed on the front door.

Proposed Timescale: 01/12/2014

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector saw that medications which were specified in documentation as "not to be crushed" and "swallow whole" were being crushed. These were enteric coated (a specific coating to prevent irritation of the stomach) drugs. An alternative such as a syrup form of the drug had not been identified.

Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
New kardexes have been implemented and all have been reviewed by the pharmacist and GP’s. Recommendations suggested have been implemented.

Proposed Timescale: 01/12/2014

Outcome 10: Notification of Incidents

Theme:
Safe care and support
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A serious leg injury caused by a bedrail had not been notified to the Authority.

Action Required:
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:
A retrospective notification has been made to HIQA re leg injury. Clarification will be sought in the future from HIQA should the need arise.

Proposed Timescale: 01/12/2014

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had access to appropriate training such as training on managing behaviour that challenges and updated training in manual handling and the prevention of adult abuse.

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:
We are currently planning training for all staff on behaviour that's challenging and elder abuse training for staff requiring updated training.

Manual and patient handling training was completed on 13th November 2014 for all staff.

Proposed Timescale: 31/12/2014

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Volunteers in the centre did not have Garda vetting completed and did not have their roles and responsibilities set out in writing.

Action Required:
Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

**Please state the actions you have taken or are planning to take:**
All volunteers have been requested to complete Garda Vetting forms for Strawhall Nursing Home. Garda Vetting is currently in place within the volunteers own organisation.
Job descriptions have been implemented and signed by all volunteers.

**Proposed Timescale:** 15/12/2014