

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cuan Chaitriona Nursing Home
Centre ID:	OSV-0000334
Centre address:	The Lawn, Castlebar, Mayo.
Telephone number:	094 902 1171
Email address:	admincuan@newbrooknursing.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Newbrook Nursing Home
Provider Nominee:	Philip Darcy
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	58
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 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:	To:
29 October 2014 09:30	29 October 2014 18:00
30 October 2014 10:00	30 October 2014 16:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

As part of the inspection, the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed satisfaction questionnaires submitted to the Authority by relatives and residents and these indicated a high level of satisfaction with the service provided.

Since the last inspection the management team had addressed identified issues in relation to risk management and staff recruitment and had also been working on improving the recreational opportunities for residents with dementia. While work had been carried out to improve care planning documentation, this required some

further development.

Evidence of good practice was found throughout the service. Residents' health care needs were well met. There was a comprehensive assessment and care planning system and residents had good access to general practitioners and healthcare services.

Residents were supported to practice their religious beliefs and had the opportunity to vote if they wished to. There was a good standard of catering and residents were offered choices at mealtimes and snacks and drinks were available at all other times. The building was warm, clean and comfortably furnished and residents had access to a safe and secure outdoor area. The person in charge had good fire safety and risk management measures in place.

Some improvement however, was required to the management of 'as required' medication management, documentation of bed rail assessments, recording of behaviours that are challenging and provision of modified consistency meals. The person in charge and provider stated at the feedback meeting that the issues outlined would be addressed.

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:

There was a suitable and informative statement of purpose that met the requirements of the Regulations. It outlined the aims, mission and ethos of the service and clearly described the service provided. Copies of the statement of purpose were displayed in the reception area and were available to staff, residents and visitors.

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:

There was a effective management system in place to ensure that the service provided was safe, appropriate, consistent and adequately monitored.

The person in charge worked in the centre each weekday and was assisted by a clinical nurse manager who also deputised for her in her absence. The centre is part of a group of five centres and the person in charge attended monthly meetings with the persons in charge of the other centres when they exchanged information and advice. The group

employed a practice development officer who was responsible for service improvement and visited each centre every month. The person in charge had close links with the provider who also met with her each month and she regularly discussed and reported issues to him. The provider and the practice development officer were present on both days of the inspection and attended the feedback meeting.

Since the last registration inspection the provider and person in charge had introduced several improvements to the service and both outlined plans for further improvements in the coming year. The building had been extended and there was an on-going maintenance and redecoration plan. A new computerised care planning and assessment system had been introduced and the risk management system was being reviewed and updated. The management team were particularly focused on improving the quality of service for residents with dementia and cognitive impairment. Improvements to date included the development of a dementia specific activity room and a sensory therapy room, organising of meaningful activity for residents with dementia and suitable training for activity co-ordinators.

There were a range of systems in place to review and monitor the quality and safety of care and the quality of life of residents for the purpose of learning and improving the service. For example, falls were being suitably audited to identify trends and introduce appropriate interventions to control this risk. An annual audit of premises/infection control was completed and a range of up to date clinical information such as records of wounds, restraint, flu vaccine and medication errors was maintained.

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 person in charge and provider had ensured that the required information was supplied to residents. There was an informative guide for residents that included the required information. This guide, the statement of purpose and copies of HIQA inspection reports were readily accessible in the reception area.

A contract of care had been given to each resident or their representative on admission and the person in charge said that the majority of these had been agreed within the required time frame. A small number of contracts had not been returned and the person

in charge explained that these were being pursued. Prior to the inspection the organisation had developed a new contract of care which was to be issued to all residents in the near future.

In addition, there were notice boards in prominent places in the centre where information was displayed for residents, such as how to access an advocacy service, the Cuan Chaitriona Autumn Newsletter, information on elder abuse, the daily activity plan, minutes of residents meetings and the hairdresser's price list.

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:

This outcome was not fully reviewed during this inspection as it had been examined during a recent inspection in May 2014 and was found to be in compliance with the Regulations. However, on this inspection the inspector found that the person in charge was very knowledgeable of her role, was focused on service improvement and knew the residents and their care needs well.

The person in charge had sourced an online post graduate course In dementia care which she hoped to attend in 2015.

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:

The inspector reviewed a range of documents both before and during the inspection, such as the residents guide, directory of residents, insurance policy, accident and incident log, medical and nursing records, operational policies, staff records, residents files and found that they were generally maintained to a high standard and suitably stored.

Appropriate insurance cover was in place with regard to employer's public and product liability. The directory of residents was up to date and contained all the information required by the regulations.

The inspector read a sample of staff files and found that they contained all the required documentation in respect of persons employed.

A record of visitors entering and leaving the building was maintained by means of a sign-in book in the entrance area.

The documentation of PRN (as required) medication, however, required improvement. In a sample of prescription sheets viewed, the information relating to the maximum allowable doses of these medications within a 24-hour period were unclear and did not provide adequate guidance to staff. This presented a risk that that an incorrect dose could be administered to a resident in error.

The signature sheets in the centre were not kept up to date. Although there were a supply of signature sheets available, these had not been updated with the signatures of the more recently appointed nurses.

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 designed 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:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. There were appropriate arrangements in place to manage any such absence. There was a clinical nurse manager who deputised for the person in charge in her absence.

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:

This outcome was not reviewed in full during this inspection as it had been examined during a recent inspection in May 2014 and was found to be in compliance with the Regulations. However, it was found on this inspection that some improvement was required to the assessment for behaviour that is challenging and use of bed rails and lap belts.

The documentation of bed rail and lap belt assessments was not consistently in line with the centre's policy on restraint management. In some assessments there were no records that other appropriate options had been explored before implementing this practice, although staff who spoke with the inspector could explain the options that had been considered and why they had not been deemed appropriate. These assessments did not clearly indicate the reasons for the use of these types of restraint.

Adequate processes were not in place to manage behaviours that were challenging to protect all residents as required. While there was an informative policy to guide this area of care, behavioural charts had not been initiated or care plans developed in line with the centre policy. Staff had received up to date training in management of behaviours that challenge.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

This outcome was not fully reviewed during this inspection as it had been examined during a recent inspection in May 2014. While the inspector had found areas of good practice in relation to health and safety and risk management on that inspection. The improvements required to the risk register and fire and manual handling training had been suitably addressed.

Since the last inspection the person in charge had reviewed the risk register and ensured that all risks relating to the centre had been identified and that their control measures were clearly documented. The management team explained that a new risk management system had been sourced, which was due to be introduced in the near future.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. The emergency plan included a contingency plan for the evacuation of residents from the building in the event of an emergency and included details of emergency accommodation.

The inspector read training records and found that safety related training had been provided at suitable intervals. It was mandatory in the organisation for staff to attend manual handling/patient handling training every two years and all staff had received this training in either 2013 or 2014. In addition, all staff had received fire safety training in either 2013 or 2014. Regular fire evacuation drills were carried out in the centre. All staff had participated in a fire drill in 2014, although most staff had attended a number of times.

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):

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

Findings:

This outcome was not fully reviewed during this inspection as it had been examined during a recent inspection in May 2014. While the inspector had found areas of good practice in relation to medication management, there were some improvements required. These were reviewed on this inspection. On this inspection the inspector found that previously identified issues in relation to transcribing, temperature control, unlicensed medication and management of unused or out of date medication had been satisfactorily addressed.

Improvement was required to the documentation of PRN (as required) prescriptions and recording of nurses signatures for verification. These are further discussed in outcome 5.

There were systems in place for auditing medication management and administration. The person in charge and pharmacist carried out three monthly audits which included prescription sheets, administration charts, storage, temperature control and disposal of medication. They also carried out monthly reviews of all residents' medications. In addition, the person in charge regularly supervised each nurses medication administration practices and records of these appraisals were recorded.

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:

The person in charge was aware of the requirement to make notification of certain occurrences to the Authority within a specified time. The inspector reviewed a record of incidents/accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. The events recorded in the incident book had been notified to the Authority. In addition, quarterly notifications had been submitted to the Authority as required.

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):

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

Findings:

This outcome was not fully reviewed during this inspection as it had been examined during a recent inspection in May 2014. While the inspector had found areas of good practice in relation to health care, there were some improvements required to assessment and care planning. These were reviewed on this inspection. During the previous inspection the inspector found that residents' received a high standard of nursing and on this inspection this continued to be evident. Some of the issues identified at the previous inspection had been addressed, but the documentation of care planning and documentation of assessments and care plan interventions required further improvement.

The person in charge and staff explained that an on-line health care documentation system was at an advanced stage of development and was due to commence in the coming week. They stated that this would be a more advanced system and would be an improvement on the one currently in use. Staff had received extensive training in the use of the system and told the inspector that they were looking forward to its full introduction.

A sample of care plans for residents with a range of health care needs such as wounds, behaviour that is challenging and specific nutritional requirements were viewed. Residents health care needs were being assessed every three months. The person in charge said, however, that on the introduction of the new care planning system that the frequency of routine reviews would be every four months or more frequently if required by a change of circumstances.

Staff had developed care plans for residents care needs as identified by assessment. However, while the care plans were generally informative, some of the plans were not completed in sufficient detail to guide staff and did not reflect the practices discussed with the inspector. For example, a care plan for a wound did not provide clear guidance on the wound care regime and a record of the wound size was not being regularly recorded to accurately assess healing. In addition, a communication care plan was not clearly written to guide staff.

Improvement was also required to the assessment for behaviour that is challenging and use of bed rails and lad belts and these are discussed in outcome 7.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. 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 building was constructed and maintained to a high standard, was comfortably and tastefully furnished and was clean, bright and spacious with ample communal space for residents. All bedrooms had en suite bathrooms, fitted with toilets and showers, and there were sufficient additional bathrooms available to residents. There were well tended grounds and a safe enclosed outdoor area.

Since the last registration inspection the provider had carried out improvements to the centre and a large extension had been built. Key pad locking systems had been fitted on any rooms where risks had been identified, such as sluice rooms. The person in charge had also been working to increase the homeliness of the building and create a more domestic and person centred atmosphere. Facilities to make tea, coffee and refreshments had been provided in one of the dining rooms and in the visitor's room and could be accessed by visitors. The provider had also completed a sensory therapy room, which could be used by all residents, but was particularly designed for residents with dementia. In addition, one of the communal rooms, known as the butterfly room, had been developed as an area for residents with dementia. This room contained items of interest to residents, including pictures, flowers, a rummage box and a traditional kitchen dresser.

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:

This outcome was not reviewed during this inspection as it had been examined during a recent inspection in May 2014 and was found to be in compliance with the Regulations.

Judgment:***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:

Caring for residents at end of life was regarded as an important part of the care service provided in centre.

Most of the residents were Roman Catholic. A priest came to the centre each day to say Mass and the sacrament of the sick was available to any resident who wished to receive it. Spiritual care for residents of other denominations could be arranged as required.

Families could avail of unrestricted visiting time and were provided with food, snacks and drinks as required. The majority of residents had single rooms, but those who occupied shared rooms were given the option of moving to a single room for end of life care if there was one available.

Staff confirmed that there were strong links with the local hospice care team, who offered advice and support as required.

Staff had spoken with all residents or their representatives to assess their end of life wishes and preferences, although some did not wish to discuss their wishes. Palliative care plans based on residents assessed preferences and health care requirements had been developed for residents who were at end of life.

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:

Residents were offered a varied nutritious diet. The quality, choice and presentation of the meals were of a high standard with an emphasis on the preparation of homemade desserts and cakes, fresh vegetable soup and fresh fruit smoothies, in addition to main meals. Residents who spoke with the inspector were very satisfied with the standard of meals and said that the food was always very good and they were offered choices. Some residents required special or modified consistency diets and these needs were generally well met. However, improvement was required to the provision of modified textured meals.

The inspector visited the kitchen and met with the chef who explained the menu planning process. There were three choices of main courses and three desert choices offered to residents at lunchtime, in addition to a starter of fresh soup. Each day the catering staff made a selection of fresh deserts such as cheesecake, tarts and gateaux as well as scones and bread. Staff visited each resident every morning and discussed meal choices with them to ascertain their preferences for lunch. There were two substantial choices offered for the evening tea and residents could have something else if they preferred to.

The chef knew all the residents and was aware of their food likes, dislikes and preferences and their dietary requirements. Dietary information supplied to the catering staff by nurses was kept in the kitchen. Some residents required modified consistency diets and the inspector found that some of these meals were not being prepared and served in line with the recommendations of the speech and language therapist.

Residents on diabetic diets were offered desserts and confectionery suitable for their needs and supplies of alternative biscuits, bars and ice cream was also available to these residents. The inspector noted that residents were offered a variety of snacks throughout the day, including drinks, biscuits, cakes, fresh fruit smooties and yoghurt. Residents who required increased nutrition were supplied with nutritional supplements and had their meals fortified with additional nutritious ingredients. The main meals served to residents were of good quality and residents confirmed that they were tasty and enjoyable.

Most residents opted to take their meals in the dining rooms, which were well furnished and comfortable, although a small number took their meals in their bedrooms. The inspector observed the dining experience in each of the dining rooms, which was found to be pleasant and relaxed. There were sufficient staff present at mealtimes to support and encourage residents with dining and staff chatted with residents throughout the meals. Staff were attentive to residents and assisted them appropriately. All residents were suitably seated while dining.

The inspector reviewed a sample of records and found that each resident had a nutritional assessment, using a recognised assessment tool, carried out on admission and at three-monthly intervals thereafter or more frequently if required. Residents' weights were monitored and recorded monthly. Where specific nutritional needs or assessed risks had been identified measures had been implemented to address these risks. The inspector saw that referrals had been made to dieticians and speech and language therapists whose reports and recommendations were recorded in residents' files.

Most staff had attended training in nutrition. There was a nutrition policy to guide staff.

Judgment:
Non Compliant - Minor

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:

Residents' privacy, dignity, autonomy and religious rights were supported and promoted.

Many of the residents occupied single rooms but in rooms which were shared screening curtains were fitted around beds to provide privacy as required. Each resident had his/her own individual toiletries. Staff were observed knocking on bedroom doors and waiting for permission to enter. The inspector observed staff interacting with residents in a courteous manner.

Residents' civil and religious rights were respected. Most of the current residents were Roman Catholics and arrangements were in place for residents from all religious denominations to practice their religious beliefs as required. Mass took place in the

centre each day and the Rosary was recited each evening.

The person in charge had made arrangements for in-house voting, and stated that all residents were offered the opportunity to vote.

There was a residents' committee which met once a month. The inspector read the minutes of some meetings and noted that residents' suggestions were being taken on board by the person in charge. For example, residents had suggested that they would like a small mobile shop in the centre. The activity coordinator had commenced this service on a trial basis with a view to increasing or decreasing the frequency of the service based on feedback from residents. In addition, staff strived to ensure that residents had an interesting day and arranged a range of meaningful occupation, including recreation suited to residents with dementia and cognitive impairment. There was also a variety of activities available to residents each day, including light exercises, crafts, hand massage, bingo, music sessions, knitting and interactive games. One of the activity co-ordinators, in conjunction with residents, had published a newsletter/magazine, which included articles of interest such as, memories of turf, an interview with a resident, memories of a resident's wedding, photographs of residents and items of news in the centre.

Residents' independence was promoted by staff. The inspector saw staff members assisting some residents to walk to the dining room at a leisurely pace. Residents were encouraged to eat their meals independently, to get up and go to bed at their preferred times and whether to participate in activities available to them.

Contact with family members was encouraged and there were several areas where residents could meet their visitors, including a private visiting room. There were facilities for visitors to make refreshments as required.

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:
All residents had storage space for clothes and personal possessions and lockable storage space for valuables was also provided in their rooms.

There was a laundry room for washing/drying and sorting of residents clothing. The inspector found that good care was taken of residents' clothes which were labelled discreetly to ensure that they were not mislaid in the laundry process. Feedback from residents and relatives indicated that there was a good system in place for managing residents' laundry and that clothing was not often mislaid.

If required the management team held some residents' property or valuables for safekeeping, although this was not the case at the time of inspection. The administrative staff explained the system in place for the safekeeping of residents' valuables when required. There was a safe and a ledger for recording of residents valuables.

There was a policy on residents' personal property and possessions.

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:

This outcome was not fully reviewed during this inspection as it had been examined during a recent inspection in May 2014. While the inspector had found areas of good practice in relation to staffing, there were some improvements required to staff training and recruitment. These were reviewed on this inspection and were found to have been satisfactorily addressed.

The inspector read a sample of staff files, which were in line with the requirements of the Regulations and contained the required information, such as photographic identification, two references and Garda Síochána vetting. There was a staff recruitment policy in place.

Training records indicated that staff had attended a variety of training in addition to mandatory training. The inspector read the training plan for 2014 and found that a range of training had been provided to staff including medication management, infection control, food safety management, nutritional assessment, cardiopulmonary resuscitation

and management of behaviour that is challenge.

The person in charge had revised the structure of the staff roster, as it had been identified as being unclear at the last inspection. The revised rosters clearly identified staff working hours. Allocated training time was also included in the staff rosters.

Judgment:
Compliant

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:

Jackie Warren
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:	Cuan Chaitriona Nursing Home
Centre ID:	OSV-0000334
Date of inspection:	29/10/2014
Date of response:	24/11/2014

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:

The the maximum allowable doses of PRN (as required) medication, within a 24-hour period were unclear and did not provide adequate guidance to staff. This presented a risk that that an incorrect dose could be administered to a resident in error.

The signature sheets in the centre were not kept up to date. Although there were a supply of signature sheets available, these had not been updated with the signatures of

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

the more recently appointed nurses.

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 medication kardex will be updated to provide adequate guidance to staff.

The signature sheets will be updated with the signatures of staff nurses.

Proposed Timescale: 22/12/2014

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The documentation of bed rail and lap belt assessments was not consistently in line with the centre's policy on restraint management. In some assessments there were no records that other appropriate options had been explored before implementing this practice and assessments did not clearly indicate the reasons for the use of these types of restraint.

Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Bed rails and lap belts will now be assessed in line with our policy on management of restraint. This will be carried out as part of our overall migration to a computerised system.

Proposed Timescale: 31/01/2015

Theme:

Safe care and support

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

Adequate processes were not in place to manage behaviours that were challenging to protect all residents as required. Behavioural charts had not been initiated or care plans developed in line with the centre policy.

Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

Challenging behaviour logs and behavioural support plans will now be prepared in line with our policy on managing challenging behaviour. This will be carried out as part of our overall migration to a computerised system.

Proposed Timescale: 31/01/2015

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

Effective care and support

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

Some care plans were not completed in sufficient detail to guide staff and did not reflect the practices.

A care plan for a wound did not provide clear guidance on the wound care regime and a record of the wound size was not being regularly recorded to accurately assess healing. A communication care plan was not clearly written to guide staff.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

All care plans are being reviewed as part of our overall migration to a computerised system. Care plans will be prepared for all new admissions within forty eight hours of admission.

Proposed Timescale: 31/01/2015

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:

Some modified consistency meals were not being prepared and served in line with the recommendations of the speech and language therapist.

Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

We have sourced training for our kitchen staff to offer them guidance on preparing modified meals in line with the recommendations of the SALT.

Proposed Timescale: 31/01/2015