## Compliance Monitoring Inspection report

**Centre name:** Farranlea Road Community Nursing Unit  
**Centre ID:** OSV-0000713  
**Centre address:** Farranlea Road, Wilton, Cork.  
**Telephone number:** 021 492 7650  
**Email address:** teresa.odonovan2@hse.ie  
**Type of centre:** The Health Service Executive  
**Registered provider:** Health Service Executive  
**Provider Nominee:** Teresa O'Donovan  
**Lead inspector:** John Greaney  
**Support inspector(s):** None  
**Type of inspection** Announced  
**Number of residents on the date of inspection:** 65  
**Number of vacancies on the date of inspection:** 35
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: 27 August 2014 08:20  
To: 27 August 2014 19:00  
From: 28 August 2014 08:20  
To: 28 August 2014 17:00

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

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Summary of findings from this inspection

This was an announced inspection in response to an application by the provider for a renewal of registration. In advance of the registration the provider had submitted required documentation including written evidence, from a suitably qualified person, confirming that the centre was in substantial compliance the statutory planning and fire safety requirements, insurance certificate and statement of purpose.

Pre-inspection questionnaires had been completed by a number of residents and relatives and a review of these by the inspector found feedback was generally positive and expressed satisfaction about the facilities, services and care provided. During the inspection the inspector met with a number of residents, relatives and
staff members. The inspector observed practices and reviewed records such as nursing care plans, records of complaints, medical records, accident and incident logs, policies and procedures and a sample of personnel files.

Overall the findings of this inspection indicated that residents received care to a good standard in pleasant and comfortable surroundings, however a number of improvements were required, including:
• the residents’ guide
• the directory of residents
• personnel files
• risk assessments
• emergency plan
• fire safety training
• medication management
• complaints management
• choice for all residents on modified diets
• staff induction
• manual handling training

The Action Plan at the end of the report identifies what improvements are needed to meet 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

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### 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 written statement of purpose that accurately described the service that was provided in the centre and contained all the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Judgment:**
Compliant

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**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:**
On the days of inspection there was evidence of sufficient resources to support the delivery of care. There was a clearly defined management structure with clear lines of authority and accountability for the delivery of the service. The nominated provider was also responsible for a number of other designated centres throughout Cork city and county. The person in charge reported to the nominated provider and was also the person in charge for one other designated centre, Heather House Community Nursing Unit, which is located approximately four kilometres from Farranlea Road. The person in charge was supported in her role by an assistant director of nursing.

There was a comprehensive system for reviewing and monitoring the quality of care that included audits of hygiene, waste management, medication management, food management and nursing records. There was evidence of actions taken in response to issues identified.

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

**Findings:**
There was a residents' guide that was in the process of being updated on the days of
inspection. While the guide contained most of the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 some improvements were required. The guide did not adequately outline the complaints process and did not set out the terms and conditions relating to residence in the designated centre.

Most residents had written contracts outlining the care and welfare of residents in the centre and the fees being charged, however, a number had not been signed by the resident or their representative.

**Judgment:**
Non Compliant - Moderate

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**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The centre was managed by a registered nurse who worked full time and had the required experience in the area of nursing of the older person. As stated in Outcome 2, the person in charge was also responsible for one other designated centre. Throughout the days of the inspection the person in charge clearly demonstrated that she had sufficient clinical knowledge and a sufficient knowledge of the legislation and of her statutory responsibilities.

The person in charge was engaged in the day to day governance and operational management of the centre. Throughout the inspection the person in charge was seen to interact with residents and it was evident that residents were familiar with her. The inspector was satisfied that the centre was managed by a suitably qualified and experienced manager.

**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 records including a sample of personnel records, a sample of residents' medical and nursing records, the directory of residents, residents' financial records, and operating policies and procedures. Overall, the inspector was satisfied that there was substantial compliance with the Regulations in relation to records management and any issues identified for improvement will be addressed in the relevant outcome of this report.

Records were accurate, up-to-date and were kept secure but easily retrievable. A record was maintained of all visitors to the centre. The Directory of Residents contained most of the items specified in Schedule 3 of the Regulations however, it did not specify cause of death for deceased residents. A record of insurance was submitted to the Authority, as part of the application to renew registration, indicating that the centre was adequately insured against accidents or injury to residents, staff or visitors. As will be discussed in Outcome 18, not all personnel records contained a complete history of employment, including a satisfactory explanation for gaps in employment.

All of the operating policies and procedures listed in Schedule 5 of the regulations were available, were regularly reviewed and staff members spoken with demonstrated adequate knowledge of the policies and procedures.

**Judgment:**
Non Compliant - Minor
**Outcome 06: Absence of the Person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the 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:**
There was no period in excess of 28 days when the person in charge was absent from the centre. The person in charge was supported in her role by an assistant director of nursing who would take charge of the centre in 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There was an up-to-date policy on the prevention, detection and response to abuse. Training records indicated that all staff had received up-to-date training on the prevention, detection and response to abuse. Staff members spoken with by the inspector were knowledgeable of what to do in the event of suspicions, allegations or disclosures of abuse. Residents spoken with by the inspector stated that they felt safe in the centre and stated that they could talk to staff members if they had any concerns.

Where concerns were raised in relation to safeguarding residents there was evidence of response to support the residents concerned and to minimise the opportunity for recurrence. Appropriate notification had been submitted to the Authority within the required time-frame.
The inspector viewed a sample of residents’ finances and was satisfied that there were adequate systems in place to safeguard residents’ money.

There was a policy in place for managing behaviours that challenge. Based on discussions with staff and a review of residents' records staff had the knowledge and skills to appropriately respond to and manage incidents of challenging behaviour. There was a policy on the management of restraint and there were risk assessments and records of safety checks when restraint was used.

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

Findings:
There were up-to-date policies and procedures relating to health and safety, including infection prevention and control and food safety. There was an up-to-date safety statement. There was a risk management policy and associated risk register that addressed the risks and measures in place to control the risks identified, including the unexplained absence of a resident, accidental injury, aggression and violence, self-harm, however, it did not address abuse as required by the regulations. The inspector reviewed the accident and incident log and was satisfied that there were adequate arrangements in place for investigating and learning from serious accidents and incidents. There was a Quality, Safety and Risk Committee that included representatives from clinical, maintenance and catering personnel that met quarterly and reviewed accidents and incidents.

Some improvements were required in relation to risk management practices. For example, the smoking risk assessment for some residents was generic and did not adequately address, on an individual basis, the risks posed to individual residents by smoking. Even though care plans were developed for smoking following risk assessments, the care plans did not always outline the level of supervision required by residents when smoking or the safe level of access to cigarettes and lighters. Disposable gloves and aprons were stored in suitable dispensers throughout the premises, however, there was no risk assessment to indicate that the locations of the gloves and aprons did not pose a risk of choking for residents, particularly residents with a cognitive impairment.

There was an emergency plan that addressed major emergencies including fire, however
it did not adequately address emergencies such as loss of power, loss of kitchen, or the safe placement of residents in the event of a prolonged evacuation.

There were satisfactory procedures in place for the prevention and control of infection including a colour coded cleaning system, a cleaning schedule, hand-wash basins and hand hygiene gel located at suitable intervals throughout the centre. There were suitable practices for the management of household, food and clinical waste. Cleaning staff spoken with by the inspector demonstrated sufficient knowledge of cleaning procedures.

There were reasonable measures in place to prevent accidents such as safe floor covering and handrails throughout the premises. However, not all staff had received up-to-date training in manual handling, including the use of the ceiling hoist.

Suitable fire equipment was provided throughout the centre. There were records available demonstrating the regular maintenance of fire safety equipment and emergency lighting. There were records of regular fire drills, routine inspection of fire safety equipment, daily inspection of means of escapes and routine sounding of the fire alarm system. All emergency exits were seen to be free of obstruction on the days of inspection, however, fire safety equipment was obstructed by a chair in one area but this was immediately removed. While staff members spoken with by the inspector were knowledgeable of what to do in the event of a fire, not all staff had received up-to-date training on fire safety.

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. Based on the observation of the inspector, medication administration practices complied with relevant professional guidelines. Medications were stored appropriately, including medications requiring refrigeration, and the fridge temperature was monitored and recorded. Residents that self-administered medications were appropriately assessed and monitored.

There were regular audits of medication management practices and any issues identified were addressed. Medications governed under the misuse of drugs act (MDA) Schedule 2
were counted at the end of each shift and the count was verified by two nurses' signatures. These medicines were stored in a locked cupboard within a locked cupboard, however, other medicines not governed by MDA Schedule 2 were also stored in this cupboard in one of the units, which was not in line with relevant professional guidance. The centre maintained a stock of medications for use in palliative care, including Schedule 2 drugs, however, these were not always requisitioned in accordance with relevant professional guidance.

New procedures in the process of being developed for the return of unused/out-of-date medicines, however, this system had not yet been finalised and a temporary process was in place but not yet operational in all units.

**Judgment:**
Non Compliant - Minor

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**Outcome 10: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe care and support

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

**Findings:**
Records were available of accidents and incidents occurring in the centre and based on a review of the records, the inspector was satisfied that the Authority was notified of all relevant accidents and incidents within the appropriate time frame.

**Judgment:**
Compliant

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**Outcome 11: Health and Social Care Needs**
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
Farranlea Road Community Nursing Unit (CNU) comprises four 25-bedded units. Three of the units, Sycamore, Oak and Willow provided long term care for older people. The fourth unit, Cedar, provided care for adults who are predominantly young and have complex high-support needs.

Overall the inspector was satisfied that residents' health care needs were met to a good standard through appropriate medical and nursing care. Residents received a comprehensive assessment on admission and at regular intervals thereafter using recognised evidence-based tools. Care plans were developed based on these assessments, which were personalised and addressed issues identified on assessment and there was evidence of ongoing review.

Residents were regularly reviewed by a general practitioner (GP) and there was also evidence of access to out-of-hours GP services. There was evidence of referral and review by allied health/specialist services, which were available on-site, including speech and language therapy, dietetics, physiotherapy, and occupational therapy. There were adequate processes in place to ensure that when a resident was admitted, transferred or discharged to and from the centre, that appropriate information about their care and treatment was shared between providers.

Only a small number of residents had wounds and records indicated the use of evidence-based tools for assessment, including the use of photographs. Records indicated consultation with a tissue viability specialist for advice in the care and treatment of wounds, when indicated. Residents requiring percutaneous endoscopic gastrostomy (PEG) tube feeding for nutritional support, were clinically assessed and appropriately monitored.

Judgment:
Compliant

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

Theme:
Effective care and support

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

Findings:
As stated in Outcome 11, Farranlea Road CNU comprised four 25-bedded units. Each
unit comprised 17 single bedrooms, 2 twin-bedrooms and one four-bedded room; all of the bedrooms were en suite with shower, toilet and wash-hand basin. The bedrooms were bright, clean and personalised with residents’ personal possessions, and had adequate storage facilities for personal belongings including a secure lockable cupboard. Communal space in each unit consisted of a sitting room, a quiet room, a dining room and a number of seated alcoves along corridors. Additional communal space was provided in link areas between units. The corridors were wide and had handrails throughout, facilitating easy access for residents with mobility aids.

Residents had access to secure outdoor space, which on the ground floor comprised two enclosed gardens and on the first floor comprised patios. Since the last inspection the level of rails in the patios had been raised by the addition of transparent sheeting on top of the railing in order to make it safe for residents.

In addition to en suite facilities in each of the bedrooms, each unit contained an assisted bathroom with an assisted bath, a shower trolley, a toilet, standing and chair weighing scales and a ceiling-mounted electronic hoist system. Each unit also had a sluice room that contained a bedpan washer, a bedpan macerator, a sluice sink and a wash-hand basin. There were adequate laundry facilities, however, residents’ personal property is primarily laundered by relatives or by an external contractor and the laundry is only used for household items such as mop heads.

There was evidence of the regular preventive maintenance of equipment such as beds, mattresses, scales and hoists.

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 uses the Health Service Executive (HSE) "your service, your say" complaints policy. There was, however, no local centre-specific policy detailing the process for managing complaints, the independent appeals process or the person responsible for ensuring that all complaints are responded to appropriately.

The process for making complaints was on display in the reception area and identified both the person in charge and the assistant director of nursing as being responsible for managing complaints. The notice did not provide sufficient detail on the process for
managing complaints.

Complaints logs were held locally in each of the units and the inspector viewed a sample of complaints. There were adequate records available outlining the details of each complaint, the actions taken as a result of each complaint and the outcome of the complaint.

**Judgment:**
Non Compliant - Moderate

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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:**
End of life care needs were addressed to a good standard. There was an up-to-date policy on end of life care and guidelines on resident cardiopulmonary resuscitation. There was evidence of discussion with residents and family members in relation to end of life preferences and this was documented in medical notes. Where extraordinary measures were not indicated this was recorded on a not for resuscitation record.

An end of life group had recently been established and minutes of meetings suggested progress in relation to how the centre could enhance the provision of end of life care. There was good access to palliative care services and the centre was in the process developing an end of life pack for each unit to support staff in the provision of end of life care.

Residents had access to a single room at end of life if required and relatives and friends were facilitated to remain with the resident. Religious and cultural practices were facilitated.

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

**Findings:**
There was a policy on nutrition, hydration and mealtimes. Residents received a comprehensive nutritional assessment on admission and at regular intervals thereafter, including weights. Residents had access to fresh drinking water and snacks throughout the day. There was a two-weekly menu cycle that offered choice to residents, however, while most residents on modified consistency diets were offered choice at mealtimes, a choice was not available for all consistencies of modified diets.

Residents were provided with assistance with meals in a respectful and dignified manner and mealtimes appeared to be relaxed social occasions. There was evidence of consultation with residents in relation to satisfaction with the food provided through residents meetings. There was a food standards committee that met quarterly to address issues such as staff training needs, mealtimes and support for residents requiring assistance.

There was an adequate system in place for communicating residents’ food preferences and speciality diets to catering staff. Staff members spoken with by the inspector were knowledgeable of resident’s individual food preferences and requirements.

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

**Findings:**
There was evidence of consultation with residents and their relatives through regular residents’ meetings and through residents/relatives’ surveys. There was evidence of actions in response to feedback obtained such as changes to the food menu.

The inspector observed staff knocking on the doors of residents’ bedrooms before entering and residents confirmed that this was usual practice. Bedrooms were personalised with residents’ personal possessions. There were adequate facilities available for residents to meet with visitors in private. Staff confirmed that residents were facilitated to vote in local and national elections.

Staff members spoken with were knowledgeable of the communication needs of individual residents and this was reflected in care plans. Residents had access to a varied programme of activities that included group activities, one-to-one activities and complementary therapy, such as massage. Residents also attended activities external to the centre such as trips to local parks, however, there was limited access to these outings for some residents due to lack of suitable transport.

**Judgment:**
Compliant

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**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:**
There was a policy on the management of residents’ private property. Records were maintained of residents’ clothing and possessions, which were updated and signed by residents or their relatives. There was adequate storage space, including lockable storage, in residents’ bedrooms for their possessions. Residents’ clothing was sent out to an external laundry or was laundered by relatives, based on the wishes of the resident/relative. There were suitable arrangements for returning laundry to residents, however, relatives reported that on rare occasions clothing was mislaid.

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

**Findings:**
Based on observations of the inspector, discussions with residents/relatives and a review of the roster there were adequate numbers of staff on duty to meet the needs of residents. The centre was dependant on staff from nursing agencies to ensure there were adequate numbers of staff on duty and even though the centre made efforts to have agency staff that were familiar with the centre and had worked there previously, this was not always possible. This did not support the continuity of care and was commented on by some relatives who stated that not all staff were familiar with residents’ needs.

There was no documented structured process for inducting new staff to the centre to ensure they were familiar with local policies, procedures and practices. New staff had undergone HSE corporate induction, but not all new staff had undergone a process of local induction.

Records indicated that education and training was available to staff to support them in the provision of evidence-based care. Records indicated attendance at training on issues such as the management of challenging behaviour, cardiopulmonary resuscitation, laryngectomy training and the management of dysphagia.

There were effective recruitment procedures in place and a review of a sample of staff files indicated that most, but not all, of the requirements of Schedule 2 of the regulations were in place. Current registration was available for nursing staff. One of the files reviewed did not contain a complete history of employment including a satisfactory explanation for gaps in employment.

**Judgment:**
Non Compliant - Minor
**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

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

**Report Compiled by:**

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

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<td>OSV-0000713</td>
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<td>Date of inspection:</td>
<td>27/08/2014</td>
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<tr>
<td>Date of response:</td>
<td>09/10/2014</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 03: Information for residents

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<th>Theme:</th>
<th>Governance, Leadership and Management</th>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The residents’ guide did not set out the terms and conditions relating to residence in the designated centre.

Action Required:
Under Regulation 20(2)(b) you are required to: Prepare a guide in respect of the designated centre which includes the terms and conditions relating to residence in the designated centre.

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

**Please state the actions you have taken or are planning to take:**
As identified on the date of inspection the Residents Guide is currently being revised and a draft format was given to the inspector. This will include the terms and conditions relating to residents in Farranlea Rd CNU. This information is also available to the residents in their contract of care.

**Proposed Timescale:** 30/11/2014

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The residents’ guide did not adequately outline the complaints process.

**Action Required:**
Under Regulation 20(2)(c) you are required to: Prepare a guide in respect of the designated centre which includes the procedure respecting complaints.

**Please state the actions you have taken or are planning to take:**
The revised Residents Guide when printed will include the complaints procedure utilized by the HSE (Your Service Your Say), it will identify the complaints officers for the unit and will outline the local complaints policy that is currently being developed.

**Proposed Timescale:** 31/12/2014

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Most residents had written contracts outlining the care and welfare of residents in the centre and the fees being charged, however, a number had not being signed by the resident or their representative.

**Action Required:**
Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

**Please state the actions you have taken or are planning to take:**
Contracts of care will be reissued by Management to those residents who have not to date signed a current contract of care.

**Proposed Timescale:** 31/12/2014
**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 Directory of Residents contained most of the items specified in Schedule 3 of the Regulations, however, it did not specify cause of death for deceased residents.

**Action Required:**
Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

**Please state the actions you have taken or are planning to take:**
The cause of death has now been included in the Directory of Residents.

**Proposed Timescale:** 31/08/2014

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**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One of the staff files reviewed did not contain a complete history of employment including a satisfactory explanation for gaps in employment.

**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 staff file identified has been reviewed and the cause of the employment gap has been confirmed to have been family commitments. The process of reviewing personnel files is ongoing due to the large number of new personnel recruited in the centre since Jan 2014.

**Proposed Timescale:** 31/08/2014

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**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:
There was a risk management policy and associated risk register that addressed the
risks and measures in place to control the risks identified, including the unexplained absence of a resident, accidental injury, aggression and violence, self-harm, however, it did not address abuse.

**Action Required:**
Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

**Please state the actions you have taken or are planning to take:**
There is a policy on Elder Abuse (HSE) in the centre and training records were viewed detailing ongoing training of staff in Elder Abuse. As there has not been to date, any allegation of suspected abuse, no individual risk assessment has been indicated. A generic risk assessment on Elder Abuse will be completed.

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

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some improvements were required in relation to risk management, including:

- the smoking risk assessment for some residents was generic and did not adequately address, on an individual basis, the risks posed to individual residents by smoking
- disposable gloves and aprons were stored in suitable dispensers throughout the premises, however, there was no risk assessment to indicate that the locations of the gloves and aprons did not pose a risk of choking for residents, particularly residents with a cognitive impairment.

**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:**
An individual smoking risk assessment has been completed for residents who smoke. A risk assessment will be completed on each of the dispensers within the unit to take into account the potential risks to the residents proximal to the dispenser.

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

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was an emergency plan that addressed major emergencies including fire, however it did not adequately address emergencies such as loss of power, loss of...
kitchen, or the safe placement of residents in the event of a prolonged evacuation.

**Action Required:**
Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

**Please state the actions you have taken or are planning to take:**
The emergency plan is being reviewed to include the following:
- In the event of loss of power the unit has an emergency generator to provide electricity.
- In the event of loss of kitchen facilities the service will be provided by the sister unit of Heather House CNU, Gurranabraher Cork.
- As per the advice of the Emergency Management Office, HSE South, the identified relocation site in the event of evacuation is Cork University Hospital.

**Proposed Timescale:** 30/11/2014

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had received up-to-date training on fire safety.

**Action Required:**
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

**Please state the actions you have taken or are planning to take:**
Training in fire safety is ongoing. The completion of this training is dependent on availability of staff from the HSE who are suitably trained to deliver this programme. Management will continue to seek this training on an ongoing basis.

**Proposed Timescale:** 31/12/2014

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**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:
Medications governed under the misuse of drugs act (MDA) Schedule 2 were stored in a locked cupboard within a locked cupboard, however, other medicines not governed by MDA Schedule 2 were also stored in this cupboard in one of the units, which was not in
line with relevant professional guidance.

**Action Required:**
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

**Please state the actions you have taken or are planning to take:**
The medications stored in the locked cupboard were front line drugs that are used in conjunction with Schedule 2 drugs in End of Life Care. These have been removed and put in a locked press in the clinical room.

**Proposed Timescale:** 31/08/2014

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
New procedures in the process of being developed for the return of unused/out-of-date medicines, however, this system had not yet been finalised and a temporary process was in place but not yet operational in all units.

**Action Required:**
Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

**Please state the actions you have taken or are planning to take:**
A safe system of medication returns is being developed in collaboration with the pharmacy provider. This system will be piloted, audited and implemented.

**Proposed Timescale:** 31/12/2014

**Outcome 13: Complaints procedures**

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no local centre-specific policy detailing the process for managing complaints, the independent appeals process or the person responsible for ensuring that all complaints are responded to appropriately.

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

**Please state the actions you have taken or are planning to take:**
A local complaints policy is being developed to augment the HSE policy for complaints, Your Service Your Say.

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

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The complaints notice on display did not provide sufficient detail on the process for managing complaints.

**Action Required:**
Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

**Please state the actions you have taken or are planning to take:**
The complaints notice has been reviewed and additional information has been included to assist any complainant in having their complaint addressed.

**Proposed Timescale:** 31/08/2014

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**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:**
A choice was not available for all consistencies of modified diets.

**Action Required:**
Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

**Please state the actions you have taken or are planning to take:**
A full review of menus is conducted on an ongoing basis. Only diets that required a consistency of “C” were identified as not having adequate choice on the date of inspection. This issue has been resolved by the Catering Manager.

**Proposed Timescale:** 05/09/2014
## Outcome 18: Suitable Staffing

### Theme: Workforce

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

There was no documented structured process for inducting new staff to the centre to ensure they were familiar with local policies, procedures and practices.

**Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

On the date of inspection, Sept 16th and Oct 7th had been identified as dates for induction and a programme of items to be covered was given to the inspector. On Sept 16th, a total of 17 staff received induction. On Oct 7th a total of 16 received induction.

**Proposed Timescale:** 07/10/2014

### Theme: Workforce

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

Not all staff had received up-to-date training in manual handling, including the use of the ceiling hoist.

**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:**

Training in Moving and Handling is reviewed ongoing. The hoist training has been delivered to the CNM group on July 22nd and 24th 2014. This training is currently being rolled out to all staff with a moving and handling instructor (in house) and with the support of the company who provided the equipment, the Senior Physiotherapist and Occupational Therapist (both in house).

**Proposed Timescale:** 28/02/2015