<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Clontarf Private Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000127</td>
</tr>
<tr>
<td>Centre address:</td>
<td>5 - 7 Clontarf Road, Clontarf, Dublin 3.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 833 5455</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:clontarf@silverstream.ie">clontarf@silverstream.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Clontarf Private Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Joseph Kenny</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Nuala Rafferty</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
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<td>Type of inspection:</td>
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<td>Number of vacancies on the</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times
From: To:
11 November 2014 09:30 11 November 2014 18:30
12 November 2014 08:30 12 November 2014 17:00

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
This was an announced inspection and formed part of the assessment of the application for renewal of registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents and staff members of the centre were also sought.

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider, for the purposes of application
to register were found to be satisfactory. The nominated person on behalf of the provider and person in charge demonstrated knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland throughout the inspection process.

The fitness of the nominated person on behalf of the provider and person in charge was determined by interview during the previous registration inspection process and through ongoing regulatory work such as inspections.

Staff had assisted a number of residents to complete the Authority's questionnaires and some relatives had also completed questionnaires and these were left with the person in charge and were received on the inspection. The opinions expressed through both the questionnaires and conversations with the inspector on site were broadly satisfactory with services and facilities provided. Several residents commented on feelings of safety within the centre and relatives were happy with how staff communicated any changes and kept them involved in their loved ones care, some were complimentary on the manner in which staff delivered care commenting on their respectful attitude.

Overall, evidence was found that residents’ healthcare needs were met. Residents had access to general practitioner (GP) services and allied health professionals such as physiotherapy, speech and language therapists and community health services were also available.

The inspector found there were aspects of the service that needed improvement such as medication management and premises.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.
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:
A written statement of purpose was available that broadly described the service provided in the centre and contained all of the information required by Schedule 1 of the Regulations.

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 clearly defined management structure that identified the lines of authority and accountability at a senior level within the centre. This included a nominated provider, person in charge and senior nurse. Recent organisational changes have resulted in a strengthening of the management structure with additional supports for the centre. The broader corporate organisation of Silverstream Healthcare now provide additional managerial and staffing supports to a number of key areas such as; Estates Management; Human Resources; IT and Finance.

Throughout this inspection, improvements were found where additional resources were effectively targeted in key areas. Although the management team have expanded considerably, the role of each person remained distinct and responsibilities were clearly
devolved. It was also noted that new management personnel and the existing management team had over recent months worked hard to ensure a seamless transition between the old and new structures to limit any potential negative impact on residents’, relatives or the staff. In conversation with both staff and residents all were aware of the organisational change, complimentary in the way it was managed and communicated to them and were very positive in their outlook for the future.

Good internal governance processes were in place, the person in charge and senior nurse were visibly involved operationally within the centre. Staff spoken with said they felt well supported by their management team and several residents could identify them by name.

A system was found to be in place to monitor quality and safety of care and the quality of life of residents including;
- a monthly quality audit which primarily identifies the level of compliance and practical implementation of the centre’s policies and procedures. This was checked through records such as general records and clinical care records, for example; that care plans were in place for and assessments were completed of pressure ulcers, oral hygiene and continence
- a separate monthly audit of quality indicators of good practice to monitor the standard of healthcare delivery was in place up to July of this year. This monthly audit looked at healthcare indicators such as; number of infections/ falls/ skin tears; number of people on antibiotics; number of people on oral nutritional supplements; persons at risk of /incidents of pressure ulcers/choking/elopement.

The person in charge told the inspector this audit had stopped during the recent organisation transition but it was going to be recommenced as he believed the audit was a rich source of information which helped him to monitor the overall health status of the resident group

A system to identify improvements required and raise standards of care as part of this overall quality improvement process was in place. A clinical governance staff meeting discussed the findings of the audits and looked at reasons for or causes of issues found, for example a rise in the use of bed rails or unseasonably high numbers of people with respiratory tract infections. Actions were then identified where required and the effectiveness of any actions implemented were then monitored. Although an annual report had not yet been prepared the inspector discussed this with the nominated provider and person in charge and both were clear on their responsibilities in this regard and the need to involve residents and relatives in the formation of the report.

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:**
A sample of number of resident's contracts were viewed. Evidence was found that each resident had a contract which set out the terms and conditions of the services provided and the fees being charged. However, the contracts in place were agreed with the previous entity and a change in the corporate body will necessitate new contracts being issued to residents. This was discussed in full with the nominated provider who clarified that the full legal process relating to the changes of entity will be completed by the end of November and a process will then commence which will include the provider, person in charge, finance administrator and advocacy services to communicate and inform all residents and relatives on these changes and this will then be followed with the reissuing of contracts to the residents.

A residents guide and statement of purpose was available for residents in the centre.

**Judgment:**
Compliant

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The centre was managed by a suitably qualified and experienced nurse who held authority accountability and responsibility for the provision of the service. The person in charge is a registered nurse with several years experience of working with persons with varying care needs in a range of settings and works full-time in the centre.

The person in charge was found to be engaged in the governance, operational management and administration of the centre on a daily basis. During the inspection he demonstrated that knowledge of the Regulations and facilitated the inspection process by providing documents and having good knowledge of residents’ care and conditions.

**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:**
Records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available and kept in a secure place.

Records as required under Schedule 3 of the Regulations were maintained in respect of statement of purpose and function, resident's guide, accident and incidents, nursing and medical records. A directory of residents was established and kept up to date in all matters required under regulation 19.

In a sample of those reviewed it was found that general records as required under Schedule 4 were also maintained including key records such as food and fire safety complaints and notifications as required under Regulation 31.

The designated centre had all of the written operational policies as required by Schedule 5 and these were reviewed regularly. However, in a sample of staff records checked it was found that all of the requirements of schedule 2 were not met in that two references and a full employment history was not available for all recently recruited staff. Prior to the end of the inspection the person in charge informed the inspector that all of these matters with the exception of one reference were now in place.

**Judgment:**
Non Compliant - Minor

### Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

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

Findings:
To date notification of a proposed absence of the person in charge has not occurred however, appropriate arrangements for the management of the designated centre during an absence of the person in charge were in place.

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:
All lines of enquiry were reviewed on the last monitoring inspection and no actions were required.

Staff who spoke with the inspector were knowledgeable regarding what constituted abuse and how to respond to suspicions or any allegation of abuse. Measures to protect residents from being harmed or suffering abuse were in place and residents spoken with confirmed they felt safe and knew who they would speak too if they were concerned.

Efforts to review and reduce restrictive practices were evident and systems to promote a restraint-free environment were being established.

The management of residents' finances were reviewed and processes were being established to provide assistance for one resident. The person in charge was aware of the need to ensure all transactions were transparent and was working with the financial administrator to determine the best way to implement and monitor same.

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

Findings:
Actions required further to the last monitoring inspection in October 2013 were addressed in relation to clarification of fire procedures and the role of fire marshals and senior staff on duty. Documented cleaning systems with clear guidance to staff on the procedures to be followed were viewed.

All other lines of enquiry under this outcome were reviewed in full on the last inspection in relation to health and safety, fire safety and risk management systems and were found to be compliant. These findings were replicated on this inspection and robust systems were found to be in place for the repair, replacement and maintenance of the premises equipment and supporting infrastructure. All fire records were checked and appropriate servicing was in place. Backup systems for light or heat outages were in place with backup generator sourced and a panel to facilitate an emergency generator was due for installation within four to six weeks. In addition written confirmation from a properly and suitably qualified person with experience in fire safety design and management that all statutory requirements relating to fire safety and building control have been complied with has been provided.

Other aspects of risk management checked on this inspection included;
- fire evacuation procedures were practiced by staff and spot checks were conducted by the person in charge to assess staff knowledge and understanding, records of these checks were completed in the fire records book
- information in the form of notifications from the provider identified an increase in the number of falls throughout the centre particularly during the evening and at night. On this inspection it was observed that there was a staff person in attendance in the sitting room during the early evening to supervise residents and respond to their needs. An increased number of bed and mat alarm sensors were in use to alert staff to the movement of residents in bedrooms assessed as being at high risk of falls was found to be in place and staff were observed to respond to these alerts promptly.

Improvements to ensure the internal and external premises and grounds of the centre were safe and secure, were found with key pad locks installed on all exterior doors and a register of visitors was maintained on a daily basis.

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):
No actions were required from the previous inspection.
**Findings:**
Evidence that the processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation were found and systems were in place for reviewing and monitoring safe medication practices. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

Observation of medication administration practice was satisfactory and a record of nursing staff signatures and initials were maintained in line with best practice. However, improvements were found to be required to the processes in place to ensure safe medication practices in line with relevant legislation or professional guidance issued.

On review of medication records it was found that;
- an original prescribers' signature was not in place for every prescribed drug
- maximum dosage for as required or pro re nata drugs were not identified
- the route of administration was not identified for every drug
- where medications were being crushed a prescribers' signature for each drug being crushed was not available.

Improvements to the systems in place to ensure safe disposal and return of unused or out of date medications were also found to be needed. Although staff could explain in detail the system in place and being followed and there were records to show when medicines were returned to the pharmacist. These records were not dated or signed by either the nurse returning the medications or the pharmacist to show they were received.

It was also noted that although residents medications were regularly reviewed and blood monitoring was in place for some residents with blood disorders such as anaemia, a clear process to ensure regular blood monitoring for residents on certain types of medications such as anti-epileptic or psychotropic medications was not established.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Safe care and support

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

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

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

Theme:
Effective care and support

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

Findings:
Residents had access to GP services. There was evidence of access to specialist and allied health care services to meet the care needs of residents such as opticians, dentists and chiropody services. Access to palliative care specialists, physiotherapy and speech and language were available through the primary care and acute hospital services. A dietician consultancy service was provided by a private nutrition products company.

The arrangements to meet residents’ assessed needs were set out in individual care plans and each resident had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also completed and comprehensive assessments were in place for every identified need.

A strong system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents’ health was in place. These plans were being checked regularly to make sure they were detailed enough to maintain or improve a resident’s health. The daily nursing progress notes referred to the health care plan and gave a clear and accurate picture of residents’ overall health. The plans were found to be person centred and included the preferences interests and personality of the resident concerned. They showed that both residents and where applicable relatives were involved and consulted on an ongoing basis.

There was evidence that there was a good standard of care being delivered to manage the healthcare needs of frail older persons with multiple health related problems.

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:**
The premises were fully reviewed on this registration inspection.

Residents' bedrooms were personalised with pictures photographs and home furnishings. Call bells were available in reach of residents, grab rails and safe flooring facilitated safe mobilising and the centre was comfortably warm.

The maintenance both internal and external was found to have improved with external pathways cleared, boiler upgraded repairs to roof and external render completed. Internally the sitting rooms had been recently re decorated and refurbished with safe flooring, ergonomically designed chairs and colour co-ordinated wall paints and paper, curtains and flooring. Maintenance staff were observed on site at the centre. They attended to daily reports and upkeep of the premises.

Assistive equipment was in place and available for use and in good working order, service records were up to date and maintenance contracts were in place. Fire doors and stair wells were not obstructed and could be accessed freely in the event of an emergency.

The inspector reviewed the premises accompanied by the person in charge and the estates manager and agreed that the centre currently does not meet the requirements of Regulation 17 or Standard 25 (Physical Environment) of the National Quality Standards for Residential Care Settings for Older People in that; the physical design and layout of the premises does not meet the full needs of the current resident profile and all aspects of the premises are not accessible, hygienic, spacious or well maintained. The findings were discussed in full with the nominated provider, person in charge and the estates manager who were aware of and in agreement that the centre requires an extensive programme of refurbishment and renovations to ensure compliance with regulations/standards and the design and layout is suitable for the purpose of achieving the aims and objectives set out in the statement of purpose.

The premises were not purpose built as a centre for older persons but are an amalgam of three town houses which have been previously extended and renovated. The centre consists of 7 single bedrooms, 9 twin and 5 three bedded rooms over three floors - basement, middle and top.

The basement floor contains; 2 single bedrooms with full ensuite, 2 twin rooms with wash hand basin and 2 three bedded rooms with wash hand basin. There are 3 toilets, only 2 are accessible for wheelchair users and 1 assisted shower room without a toilet. This floor also contains the dining room, main kitchen, quiet/visitors room, equipment room, sluice room, 2 cleaning store rooms, treatment room, nurse and activities co
ordinator offices.

The middle floor contains; 3 single bedrooms with full ensuite, 3 twin rooms with wash hand basin and 1 three bedded room with wash hand basin. It also contains; 2 assisted shower rooms, 1 without a toilet, 1 non assisted bath, 2 assisted toilets and 1 visitors toilet which is not wheelchair accessible, four sitting rooms, 2 on either side of a corridor with interconnecting doors, linen cupboard and reception area.

The top floor contains; 2 single rooms, 4 twin rooms and 2 three bedded rooms with wash hand basins, 1 assisted shower room with toilet, 1 sluice room, staff locker room, 2 staff toilets and the office of the person in charge.

Excluding the single bedrooms with shower ensuite, it was found that there were an insufficient number of appropriately located wheelchair accessible toilets and shower/bath facilities in the centre, there were four accessible showers, one on each floor and 2 on the middle floor. But on the basement and top floors these were located at one end of the building and were not in reasonable proximity to all residents bedrooms. Although the only accessible shower with toilet facility on the top floor is located at one end of the corridor, this does not present too many difficulties for mobile residents as the travel distance from one end to the other is relatively short. Whereas it presents particular difficulties on the basement floor which has been extended and there is a considerable distance for residents to travel from one end of the corridor to the other to utilise a shower and/or toilet.

There were 4 separate wheelchair accessible toilet facilities and 1 non accessible toilet available. However, these were only located over two floors, most contained adequate grab rails and were accessible to the current profile with the assistance of staff but toilets were not raised and space was limited for use of hoists in most. Where all were accessible for use with transit wheelchairs, powered chairs would not be accessible.

Although 2 sluice rooms were appropriately situated on the top and basement floors, only one contains a bed pan washer and neither have suitable racking facilities for equipment. Given the lack of sufficient numbers of accessible toilets for residents, there is a high usage of commodes in the centre and both these sluice facilities require to be fully equipped for good infection prevention and control processes.

Aspects of the premises which require to be reviewed include but are not limited to;
- all communal bedrooms require to be refurbished and/or renovated with the layout of each room to be carefully considered in relation to the space available. The design and layout of each room must take account of the space required to meet the dependency needs of each resident while also maintaining their privacy and dignity. Sufficient space is required to allow safe access to residents who require use of assistive moving and handling equipment or allowing staff to provide safe assistance to residents with varying levels of dependency needs. A review of the space available for personal possessions is also required particularly wardrobe space in communal rooms. Currently in some twin rooms residents share one wardrobe and access is limited by the placement of the locker between the bed and wardrobe
- although recent efforts have been made by the provider to address some of the maintenance issues, given the size, layout and volume of throughput in terms of
residents’ staff and visitors to the centre, the entire building continues to require considerable inputs to meet an adequate level and standard of comfort and safety. Aspects which require to be addressed include; full refurbishment of all residents bedrooms furniture and décor; repairs to paintwork, skirting, architrave, doorways, windows and window frames, radiators, flooring and wall tiles or paintwork in all rooms, corridors sluice areas, showers and toilets - again it was noted that the provider has commenced the process of reviewing and replacing old equipment and a number of new profiling beds were in place. This review needs to be continued for all equipment such as; bed tables, lockers, wardrobes, beds commodes, shower chairs, and wheelchairs. Additional grab rails were also noted to be required in some shower/toilet areas.
- improved levels of lighting throughout but particularly in bedrooms on the basement floor level where there is limited natural light and a limited view to the external environment

The provider and management team were informed that a detailed, costed and time framed plan which would set out a programme of renovation and refurbishment to meet Regulation 17 and standard 25 by July 2015 and identify the level of dependency and form of service to be provided to residents in multi occupancy rooms would be required as part of the providers response to actions required under this outcome.

Judgment:
Non Compliant - Major

**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:**
Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.

On review of the record of complaints there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

**Judgment:**
Compliant

**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:  
There were no residents receiving end-of-life care at the time of this inspection. However, there was evidence that arrangements were in place to meet the needs of residents at the end of life and respect their dignity and autonomy as far as practicable. It was noted that residents family and friends could be facilitated and religious and cultural preferences respected. There was access to specialist palliative care services, as appropriate.

An advanced end of life care plan set out arrangements to meet residents’ assessed needs and a sample of documentation reviewed found that there were arrangements in place for capturing residents’ end-of-life preferences in relation to issues such as; management of medical emergencies and use of comfort measures. A detailed assessment of and care map for palliative care symptoms were in place. However, although spiritual denomination and practices were identified, residents preferences for place of death or funeral arrangements were not identified or documented.

Judgment:  
Non Compliant - Minor

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:  
During the inspection residents and staff were spoken with and documentation reviewed in relation to nutrition and practices for providing drinks and snacks were observed. The inspector found that residents were provided with food and drink at times and in quantities adequate for their needs. The inspector observed that assistance was offered to residents at meal times in a discreet and sensitive manner.

Menus were displayed in printed version on tables and showed a variety of choices for main courses and desserts. A two week rolling menu was in place to offer a variety of meals to residents. Most residents took their main meals in the dining room located on the ground floor of the centre. Food was served directly from the main kitchen by a team of staff and was well presented. Modified consistency diets were served.
appropriately with each element of the meal presented in separate portions on the plate. Drinks such as water, milk, tea and coffee were available. Dining tables were appropriately set with cutlery condiments and napkins.

Mid meal snacks were available throughout the day. Staff were observed delivering hot and cold drinks and biscuits during the mid morning and mid afternoon.

Good processes were in place to ensure residents did not experience poor nutrition. All residents were assessed on a monthly basis and where indicators such as reduced appetite, weight loss, low body mass index, wounds or pressure ulcer development were found an intake monitoring process commenced which included food and fluid diaries to record the amount and content of diet consumed to check if it was enough to meet the resident’s needs.

Good communication systems were in place with the nursing and catering staff to make sure that the chef had an up to date diet sheet with all of the special diets needed for each resident. This list also identified which residents needed to have their food fortified with ingredients such as butter, cream or cheese to increase the amount of calorie intake without increasing the volume of food.

Some small improvements were found to be required such as;
- a two week rolling menu was in place but did not include all of the options available for each meal time. The menu gave the options for the main lunch with dessert and tea time options. A breakfast or supper meal was not identified.
- healthy options for mid meal snacks such as fresh fruit portions, smoothies, cheese, nuts, fresh or dried fruits were not available and could be considered.

Policies and procedures on the monitoring, documentation recording and overall management of residents’ nutritional intake were in place.

**Judgment:**
Compliant

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

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

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

**Findings:**
There was evidence that a residents’ consultation process was in place and minutes of regular meetings were viewed. Residents also had access to an advocacy service on a
regular basis. Relatives were also consulted with and informed through an information and support group. Staff were observed to respect residents privacy and dignity through ensuring the appropriate use of screening in communal bedrooms and closing doors when providing assistance with personal care.

The inspector observed that residents were addressed by staff in an appropriate and respectful way and that there were mutually warm interactions between residents and staff.

It was noted that residents' choice and independence was promoted and enabled and this was confirmed in conversations with residents.

Residents had opportunities to participate in activities appropriate to their interests and preferences. A varied programme of social and recreational activities was scheduled weekly to take place throughout the centre and were led by an activities coordinator. Residents were observed engaged in a variety of activities such as attending serenity prayer services, reading, watching television flower arranging or entertaining their visitors. Religious services were provided through Eucharistic Ministry and monthly mass.

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:**
There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents.

In a sample of those reviewed a record of residents' personal possessions was in place and had been updated. However, space provided for residents' personal possessions was not adequate in the communal bedrooms it was noted that clothing could not be stored in a neat and appropriate manner.

**Judgment:**
Non Compliant - Moderate
**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

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

**Findings:**
All lines of enquiry were reviewed in full under this outcome during the most recent inspections and were found to be fully compliant on the last inspection.

Some of the findings on this occasion replicated previous findings.

It was found that at the time of this inspection, the levels and skill mix of staff were sufficient to meet the needs of residents. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Training for all staff in areas of practice which require mandatory training such as fire safety, moving and handling and prevention of elder abuse were found to be delivered, further training was noted to be provided in areas of clinical practice such as, infection prevention and control, nutritional monitoring, assessment and care planning. the documentation and recording of care and dementia care. Evidence of staff attendance at mandatory training in the form of signed attendance sheets were available.

Good supervision practices were in place with the senior nurse visible on the floor providing guidance to staff and monitoring the care delivered to residents.

The person in charge was also noted to involved on a daily basis and clear directional leadership and support was noted to be provided to care and ancillary staff by the management team.

Although good recruitment practices with induction systems were in place some improvements were found to be required and these were noted under outcome 5 earlier in the report.

**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:**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Clontarf Private Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000127</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>11/11/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>15/01/2015</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 05: Documentation to be kept at a designated centre

Theme: Governance, Leadership and Management

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

All of the requirements of schedule 2 were not met for all staff in the centre.

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.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The one reference that was found to be outstanding on day of inspection was put on file on the 12/11/2014.

Establish a Standard Operating Procedure internally to ensure that all information sought from staff regarding employment is returned and filed in line with regulations. Completion Date: 12th Dec 2014.

Undertake an audit of all HR files to ensure that all are in compliance with regulations.

**Proposed Timescale:** 23/01/2015

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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:**
Robust processes were not in place to ensure safe medication practices in line with relevant legislation or professional guidance issued.

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

**Please state the actions you have taken or are planning to take:**
Write to all our General practitioners to advise them of the following: The requirement to sign all individual prescriptions, the requirement to sign individual medications to allow for crushing, the requirement to state maximum doses of all p.r.n medications. GP’s will also be asked to provide instruction on the requirement for blood testing of residents who are using certain medications (e.g., psychotropic medications). (Completion date: 19th December 2014.)

Give instruction to Nursing Staff to request this information from GP’s when they are attending residents on site. (completion Date: 19th December 2014)

Request the pharmacist to review the medications of residents who presently have medications crushed and to make recommendations following that review. (Completion Date: End December 2014)

Pharmacist advice to be sought at the outset when considering crushing the medications of any new resident (From December 2014 onwards)
Establish a Standard Operating Procedure on conducting Medication Usage Reviews to include; crushing of medications, and requirement for blood testing.  
(Completion date: 16th January 2015)

Revise the internal medication audit to include questions regarding: maximum doses of p.r.n medications; signatures for permission to crush medications; and blood testing for certain medications.  
(completion date: 16th January 2015)

**Proposed Timescale:** 16/01/2015

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Records to show safe disposal or return of unused or out of date medications were not dated or signed by either the nurse returning the medications or the pharmacist to show they were received.

**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:
Establish procedure to ensure that there is a record of all medications returned to the pharmacy and that this record is signed and dated by both Staff Nurse and Pharmacist. Communicate new arrangement with Pharmacy.

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

**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The design and layout of the centre is not currently suitable for the purpose of achieving the aims and objectives set out in the statement of purpose.

Services and facilities available do not meet the assessed needs of all of the current resident profile.

**Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**
The following works are planned to ensure compliance with regulations.

**Refurbishment of the 3 bedded and 2 bedded rooms in the Home:**
Aim of this refurbishment is
• to improve the quality of lighting in the rooms;
• to provide more personalised space for individual residents and to provide adequate space for the residents’ clothing and personal belongings.

These works will include:
• Replacement of all wardrobes and lockers in these rooms;
• reconfiguration of the layout of the rooms;
• increasing the number and quality of light fittings;
• repair/replacement of flooring;
• installation of TV’s;
• installation of sundry items (dressing tables, mirrors etc).

Further to this, attach conditions to the use of the beds in the three-bedded rooms.
(Please see attached a revised draft statement of purpose for details)

More detailed and costed plans are attached in Appendix I

**Outcome 12: Safe and suitable premises:**

**Wheelchair accessible Shower and Toilet:**
Included in the refurbishment plans are draft plans for the creation of a new assisted shower and toilet facility in the lower ground floor of the Home adjacent to the dining room. Creation of this facility will provide ready access to wheelchair accessible toilet facilities for all residents at mealtimes and local access to accessible shower facilities within close proximity for use by the residents whose bedrooms are in this area. This development will see the addition of one extra accessible toilet and one extra accessible shower in a very suitable location in the Home.

**Sluice Rooms:** There will be a second bedpan washer installed in the sluice room on the lower ground floor. A suitable type is presently being sourced. Suitable racking for equipment in the sluice rooms has been ordered and will be installed by 16th January 2015

**Refurbishment, painting and decorating:**
Since the appointment of a full time maintenance person in May 2014, works have been undertaken to improve the appearance of the Home. This work is ongoing and is now focusing on the interior décor of the Home, including repainting of residents’ rooms, shower rooms, toilets, corridors, dining room stairwells etc. These works will continue on areas that will not be affected by the proposed refurbishments. I will be sourcing new artwork for the walls of the Home also. This will be completed by end of January and residents will be asked to choose items from a selection.
Equipment: A survey of equipment such as wheelchairs, commodes, bed tables, shower chairs and lockers has been undertaken and a schedule to replace these items is underway. A number of pieces of equipment, (2 commodes and 2 wheelchairs and one shower chair) have been replaced to date. This process will be ongoing with new equipment being purchased monthly to replace old items.

Improved Levels of Lighting:

The following improvements are planned for the Home: Review of all lighting; installation of new light fittings in the sitting rooms; free standing lamps to be placed in the sitting rooms also. Re-fitting of light installation in rooms where lighting is poor, to include the quiet room, all communal bedrooms, corridors. Some of these works have already commenced with new light fittings installed on some corridors and in one assisted shower.

Proposed Timescale: Ongoing with completion in line with other refurbishment plans.

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<th>Proposed Timescale: 30/11/2015</th>
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<tr>
<td>Theme:</td>
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<tr>
<td>Effective care and support</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The centre currently does not meet the requirements of Regulation 17 or Standard 25 (Physical Environment) of the National Quality Standards for Residential Care Settings for Older People in that; the physical design and layout of the premises does not meet the full needs of the current resident profile and all aspects of the premises are not accessible, hygienic, spacious or well maintained. The premises do not fully conform with all requirements of schedule 6 of the regulations.

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

Please state the actions you have taken or are planning to take:
Creation of an assisted shower on the ground floor near to rooms 1 and 2.

Installation of a second bed pan washer into the sluice room on the ground floor.

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<th>Proposed Timescale: 30/04/2015</th>
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Outcome 14: End of Life Care

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents' preferences for place of death or funeral arrangements were not identified or documented.
Action Required:
Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

Please state the actions you have taken or are planning to take:
Engage Irish Hospice Foundation to provide expert advice and guidance to the Nursing Home regarding our End of Life Care, to include training and support to nursing staff in engaging residents on the this aspect of care.

Proposed Timescale: 31/03/2015

<table>
<thead>
<tr>
<th>Outcome 17: Residents' clothing and personal property and possessions</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
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<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>Space provided for residents’ personal possessions was not adequate in the communal bedrooms</td>
</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>As part of the refurbishment and refit of the 2-bedded and 3-bedded rooms in the Home, the storage for residents’ personal possessions will be improved to ensure adequate space for each resident’s personal possessions and belongings.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 30/11/2015</td>
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