

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Carysfort Nursing Home
Centre ID:	OSV-0000022
Centre address:	7 Arkendale Road, Glenageary, Co. Dublin.
Telephone number:	01 285 0780
Email address:	edwardpakenham@carysfortnursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Breda Pakenham & Edward Pakenham Partnership, trading as Carysfort Nursing Home
Provider Nominee:	Breda Pakenham
Lead inspector:	Noelene Dowling
Support inspector(s):	Liam Strahan
Type of inspection	Announced
Number of residents on the date of inspection:	52
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

The inspection took place over the following dates and times

From:	To:
18 November 2014 10:00	18 November 2014 20:00
19 November 2014 08:00	19 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 the 10th inspection of this centre and took place over two days. The purpose of the inspection was to inform the decision of the Authority in relation to the application by the provider to renew the registration of the centre which was granted in 2012. All documentation required for the registration process was provided.

Inspectors also reviewed the actions outstanding following the previous inspection which took place in September 2013 and found that that of the nine actions identified, five had been satisfactorily resolved, two had been partially resolved and two had not been satisfactorily resolved. The actions not resolved included the

suitability of a number of bedrooms for residents use and adequate space for storage of equipment. An additional assisted shower had been provided but there was no door on the facility to ensure residents privacy. No satisfactory plans had been submitted to address the unsuitability of a number of the bedrooms in order to comply with the Standards and Regulations for June 2015. The provider currently provides accommodation for 52 residents and was applying to register for 52 residents.

The findings of the inspection demonstrate that resident's healthcare was met to a good standard with good access to a range of multidisciplinary services. There was evidence of effective governance systems in place. All mandatory training requirements including fire safety and manual handling had been completed. Staff were knowledgeable on the residents care needs. Complaints were managed appropriately and there were appropriate protective mechanisms in place including access to an advocate.

Inspectors reviewed questionnaires from relatives and spoke with a number of residents and relatives during the inspection. The commentary was very positive and complimentary regarding the quality of the care they received and the attention paid to them and their relatives by the provider and staff. They said visitors were always welcomed and looked after.

A number of actions were required in relation to the premises including ease of access and mobility for residents and the suitability of a number of the bedrooms for privacy. Inspectors had some concerns in relation to the systems available and the process to be used for the evacuation of residents should this be required given the layout of the premises. Actions were also required in the provision of adequate sluice and infection control systems.

Improvements were required in the ratio of nursing staff available at night, the implementation of risk management procedures including correct guidance for staff in the safe use of the hoist, medication administration practices, the maintenance of resident's privacy and dignity, communication with resident, care planning for and implementation of activities pertinent to the resident's capacity and preferences.

Following the previous registration inspection the provider had been informed and agreed that it was the Authorities intention to place restrictive conditions on a number of bedrooms due to the fact that they were inaccessible for residents who required assistance with mobility. Inspectors found that this had not been adhered to consistently.

The actions required to ensure compliance with the Standards and Regulations are detailed at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose had been forwarded to the Authority as part of the application for registration. A minor alteration was required to accurately outline the residents for whom the provider provides care and this was agreed at the inspection in order to fully comply with the requirements. While admissions and care practices were congruent with the statement, the provider had not adhered to the statement of purpose by virtue of accommodating a resident who required assistance to mobilise on the top floor. This is actioned under Outcome 8 Health and Safety.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was in substantial compliance with this regulation. The provider was fully involved on a daily basis in a number of areas including the role of principal chef in the centre. She was seen to be very familiar with the residents and relatives. She also observed practices. There was a suitably qualified person in charge who oversaw the

staff and care practice in the centre. The work was supported by the partner in the company who was engaged full-time and was responsible for finances, health and safety and environmental issues. There were risk management procedures in place with some improvements required.

A number of auditing systems had been implemented. These included prevalence of falls, wounds and medication errors. The collated information was audited for trends such as timing of incidents. Actions were taken as result of the findings of these audits and these included the re-allocation of staff at peak times for additional supervision. Although the provider has not as yet commenced the compilation of an annual report the data currently available which included a survey of residents and relatives views was sufficient to provide the information for such a review. The resources available such as equipment were seen to be well utilised.

However, inspectors found that the skill mix of nursing staff was not satisfactory. This is actioned under Outcome 18 Suitable Staffing.

In addition to this the actions of the provider in accommodating a resident who required assistance to mobilise on the second floor did not demonstrate full adherence to the regulations. This finding is actioned under Outcome 8 Health and Safety.

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:
There was a resident's guide available and each resident was provided with a contract for care which was signed within one month of admission. All fees and any additional costs were detailed and outlined in the contract.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was suitably qualified with experience in the care of older persons. She has been in post since the first registration inspection and had undertaken continued profession development in Gerontology and modular training in care of persons with dementia. She was engaged full time in post. Governance arrangements, including monitoring of practices and reporting systems were outlined and satisfactory and responsibilities were understood. The person in charge was observed to be well known to the residents and relatives and was knowledgeable on their care needs and preferences.

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:

Inspectors found that the records required by the regulations in relation to residents, including medical records, nursing and general records were up to date, easily retrieved and maintained in a manner so as to ensure completeness. All of the required policies were in place and had been revised. A resident's guide was available. Inspectors saw that insurance was current and included the liability for resident's personal property as required by the regulations. Reports of the environmental health services were available. Written evidence of compliance with the statutory fire authority had been forwarded to

the Chief Inspector as part of the application for registration. Some amendments were required to the information in the directory of residents and although a visitors log was available this was not used. The provider agreed to remedy both of these items. However, the policy on the management of medication did not satisfactorily detail the required process for the management of controlled medication, this is addressed in Outcome 9 of the report. In addition there was no discreet record of a significant fall experienced by a resident apart from the information in the residents daily records. Inspectors acknowledge that the resident was not injured but the circumstances of the fall warranted a record of the incident be maintained.

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:

Inspectors were informed that no periods of absence had occurred over and above the normal annual leave periods which required notification to the Authority. The provider has made suitable arrangements for periods of absence of the person in charge with the appointment and nomination of a qualified nurse. However, the person nominated had not been allocated any protected supervisory or managerial time during periods of annual leave by the person in charge. Taking into account the number of residents, the dependency levels and clinical care required this was not deemed satisfactory. The provider readily agreed to alter this arrangement in the future. All the required documentation had been forwarded to the Authority.

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:

Inspectors reviewed the policy and procedures on the prevention, detection and reporting of abuse and found that it was satisfactory and in line with all guidelines. Records demonstrated that all staff had received updated training in the prevention, detection and response to abuse. An external advocate had been sourced and this information was available to the residents.

Staff spoken with demonstrated an understanding of their own responsibilities in relation to the protection of residents and signs and symptoms of abuse which would indicate concern. They also expressed their confidence in the provider and the person in charge to act on any concerns raised. Residents and relatives informed inspectors that they felt safe and well cared for in the centre. They were familiar with the provider and person in charge and expressed their confidence in being able to address any issues. Inspectors were informed that no such allegation or concerns had been made since the previous inspection.

A review of a sample of records of fee payments and transactions for residents including a number of residents for whom the provider acts as agent found that the records were transparent. The required documentation was in place and residents could at any time be given a detailed statement of their finances including fee payments. Where it was possible residents signed these themselves or relatives signed on their behalf.

Seventeen of the residents had a diagnosis of dementia and some with enduring mental health issues. There was a policy on the management of challenging behaviours which was in accordance with national policy and guidelines and outlined the need to identify the underlying causes of behaviours and provide proportionate and adequate responses. In practice staff were able to articulate an understanding of the resident's behaviours. They were observed to be tolerant and calm in supporting these residents. Relatives also expressed their satisfaction with the understanding which was shown. A review of a sample of care plans for residents indicated that guidelines for staff on the most effective interventions to use when incidents occurred were implemented. These included instructions for staff to speak calmly and clearly, give a resident time to communicate his or her needs, or to leave the resident and return at a later time. A review of Pro-re-nata (as required) medication demonstrated that medication was not used in any excessive way to manage behaviours. There was evidence of multidisciplinary review from psychiatry of old age where this was required.

The action in relation to the assessment for the use of methods of restraint and the implementation of alternatives required at the previous inspection had been addressed. There was a risk assessment undertaken and where the use of a bed rail was contraindicated it was not utilised or the bed rail was removed if it was found to be unsafe for the resident. Two low-low beds had been procured and crash mats were also used as alternatives. An audit undertaken by the person in charge and reviewed by inspectors indicated that the use of bed rails as restraints as opposed to enablers had been reduced from 21 to 14 since January 2014. There was a documented check on residents when in bed to monitor their safety when using the bed rails. No lap belts or other forms

of physical restraints were used. Alternatives were explored and tried in the first instance. A register of such interventions was maintained.

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:

Issues identified at the previous inspection in relation to risk had been addressed. These included the availability of hand rails and suitable lighting in specific areas of the centre. There was a current and signed health and safety statement available. Systems for review of safety and risk were evident. The risk management policy was in compliance with the regulations including the process for learning from and review of untoward events. The policy was supported by relevant policies including an emergency plan. The emergency plan contained all of the required information including arrangements for the interim accommodation of residents should this be required.

Emergency phone numbers were available to staff. Core safety features including flooring, hand-rails, working call-bells and secure exits and entrances were evident. Training records demonstrated that staff had undergone training in moving and transporting residents. While there was a general evacuation plan available it did not sufficiently detail the mobility and transport needs of residents to be effective for use by emergency services and the provider agreed to review this. The risk register contained details of environmental risks and action to mediate them. However, it did not include clinical risk of relevance to the residents such as the risk of developing pressure sores or medication errors which would support practice and risk management. A review of the accident and incident log logs demonstrated that accidents such as falls were reviewed. Hip protectors were used if deemed necessary and resident's footwear was reviewed for safety.

Inspectors were satisfied that the provider attempted to prioritise the safety of residents but some improvements were required in the assessment and implementation of risk management strategies for the residents. Records showed that staff had received updated training in moving and transporting residents. While most plans in relation to the moving of residents gave instructions some did not detail the procedures for the safe use of hoists, the number of staff required or the type of hoist sling to be used. These requirements were outlined in the Guidance provided by the Chief Inspector to all providers.

Policy on the prevention and control of infection was satisfactory and staff were knowledgeable on the procedures to be used on a daily basis and in the event of any specific infection related concern. Appropriate protective equipment was seen to be available and used. However, the premises are comprised of three floors. There was only one sluice facility and the location compromised the providers ability to ensure that strict infection control procedure's could be implemented. The sluice facility was located at the entrance to the laundry and in the section where the clean clothing was folded and stored. The provider had placed industrial strength plastic curtains in front of the sluice equipment in an attempt to contain the equipment which included a bed-pan washer and sinks. All bed pans had to be brought from the top floor via one of two staircases, pass the open kitchen via the dining room and day room to access the sluice facility. There had been a significant outbreak of infection. This posed a significant risk of infection to residents while also being undignified for them.

A resident assessed as being at high risk of falls and requiring assistance to mobilise was found to be accommodated in an unsuitable section of the premises on the top floor which posed a risk to safety. The provider was requested to make other arrangements in consultations with the resident and or family. This was agreed.

Fire safety management systems were found to be adequate in most respects. All staff had undergone fire safety training annually. Fire safety procedures were satisfactory with documentation confirming that the fire alarm and emergency lighting was serviced quarterly and other equipment serviced annually as required. Fire drills were held twice yearly. Daily checks on the exit doors and the fire panel were recorded. Ski sheets were on a number of identified beds and additional evacuation chairs were also placed at intervals in the building. A weekly alarm sound on the fire alarm was undertaken. The fire procedure was displayed and staff spoken with appeared to be knowledgeable on the general procedures to be used in such an event. Written confirmation from a suitably qualified person that all statutory requirements relating to fire safety and building control were complied with had been forwarded to the Authority with the application for renewal of registration.

The inspectors acknowledge the good practice in relation to fire training and management systems overall. It is also acknowledged that fire compartments are there to support residents and that evacuation is the last resort. However, inspectors were concerned by a number of factors. A marked fire exit door in a four bedded room was fully obstructed by a resident's bed and another bed in a double room partially obstructed the exit. One of fire exits on the ground floor was via a combined sluice room and laundry room. This exit was very narrow and did not support ease of exit especially if a resident was dependant. One of the external fire escapes required residents on the first floor, one of whom required full support being transported down a further ramp, up onto a section of ground bordered by a wall which was circa two foot high, to exit and gain clearance of the building. The key to the exit gate was stored in the kitchen and staff acknowledged that they were not sure where it was actually stored. Both the main internal stairways contained chairlifts which diminished the width available on the stairs. There was some confusion as to whether some of the marked evacuation exits were secondary or primary exits but some of the nominated secondary exits were blocked or partially blocked. Staff themselves were not clear on this differentiation. This could pose a risk to residents.

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:
The action required following the previous inspection in relation to the prescribing of crushed medication had been satisfactory resolved. Current policy on the management of medication was in line with legislation and guidelines with the exception of the policy on the management of controlled medication which was not satisfactory. The systems for the receipt of, management, administration and storage of controlled drugs were satisfactory however. There were appropriate documented procedures for the handling, disposal and return of medication. Medication was reviewed three monthly or more often for individual residents where this was deemed necessary.

Records also demonstrated that staff observed residents response to medication and reported to the resident's general practitioner (GP) or relevant clinician and amendments were made where required. An audit of medication administration, storage and recording practices was undertaken by the pharmacist and internally by the person in charge and any discrepancies were identified and acted upon. The person in charge had initiated a review of the resident's medication by the pharmacist and had undertaken a review of the use of all psychotropic medications which had resulted in a reduction in usage. Three medication errors were recorded and these were managed appropriately. Transcribing practices were in line with guidelines. At the time of the inspection no residents were deemed to have the capacity to self-administer medication.

There were two areas of non compliance observed. Firstly, the actual dosage and maximum dosage of Pro-re-natal (as required medication) was not detailed on the transcribed prescription. Secondly, the practice of administration of medication on the ground floor was not safe. The entire stock of medication was left unattended on top of a trolley while the nurse administered the medication to the residents in and adjoining room. This was brought to the attention of the person in charge who acted to remedy this.

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 review of the accident and incident logs, resident's record and notifications forwarded to the Authority demonstrate that the provider was in compliance with the obligation to forward the required notifications to the Authority with the exception of one notification for an injury which required medical intervention. In addition, inspectors saw a record of an incident which occurred where no incident report was documented. There was evidence that incidents or incidents were reviewed by the person in charge and included in the auditing system.

Judgment:

Non Compliant - Minor

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

There were 52 residents present in the centre at the time of the inspection. From a review of eight care plans and medical records, inspectors were satisfied that the healthcare requirements of residents were met to a good standard. Residents may, if geographically possible, retain their own GP service. In reality a number of GPs provided healthcare for the residents. All residents had updated evidenced based assessment tools completed for pressure area care or falls risk, nutrition, and other needs specific to the residents. These assessment tools were reviewed three monthly or following any change in the resident's status. Records demonstrated that residents have access to allied services including speech and language, physiotherapy, occupational therapy,

psychiatry of old age, chiropody, ophthalmic and dentistry. Physiotherapy was available for group and individual sessions. The recommendations made by the specialists were detailed in the residents' records.

The process of admission included an assessment undertaken by the person in charge prior to the admission of the resident although this was not consistently carried out. There was appropriate information available should a resident require admission to acute care services.

Care plans based on the assessment outcomes were implemented and reviewed at a minimum of four months and it was evident that this review took account of any changes which had taken place for the resident. The care plans demonstrated a good knowledge of the individual residents in terms of healthcare. Residents weights and food and fluid intake were monitored in accordance with the resident's condition and under the direction of the dieticians.

A protocol for the use of Percutaneous Endoscopic Feeding systems (PEG) was documented and staff could describe the procedures. Supportive aids were evident including walking frames and residents were individually supported to maintain their independence as their capacity allowed. Inspectors were informed that there were no incidents of pressure sores at time of the inspection. A number of residents had skin tears or ulcers. From a review of the treatment records inspectors found the appropriate referrals were made to tissue viability specialists and the treatment plans as outlined were adhered to. Preventative measures such as skin care regimes, dietary supplements and the use of pressure relieving equipment was evident in documentation and observed in use by inspectors.

Nursing notes, maintained on a daily basis were reviewed by inspectors. These correlated with the care plans and outlined the care provided to residents and any changes observed by staff. Consultation with residents or where necessary their representative was evident and families confirmed this.

Residents who could communicate with inspectors stated that they were very satisfied with the healthcare they received and that staff were prompt and attentive to them. Relatives also indicated via questionnaires and discussion that they were kept fully informed of the care plans and any changes in health were quickly communicated to them.

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):

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

Findings:

The main section of the premises is over 100yrs old with an extension added. The accommodation was over three floors linked by stairways with three chair lifts. Bedroom accommodation consists of three four bedded and two three bedded rooms, 9 twin and 16 single bedrooms.

There are two large sitting rooms on the ground floor and a small dining room. The upstairs also has a small sitting room which was also used as a dining room. There was a hairdressing area on the first floor. The gardens to the front were very attractive and well maintained with car parking space. To the rear of the premises there was a small secure garden area with some seating. A large section of the rear garden was taken up with various outbuildings including sheds for equipment, staff changing areas and staff room. The premises was well maintained, clean and homely in appearance. All equipment required for residents was provided and records examined demonstrated that hoists, chair lifts and any specialist beds were serviced as required.

However, the premises poses significant challenges to the provider in terms of ease of access, maintenance of resident's independence, the suitability of some of the bedrooms and space for storage. On the ground floor there are a total of seven single, four twins and one four bedded room. The layout of the four bedded room meant that two of the residents bedside lockers had to be placed behind the head board and not therefore accessible to the residents. The layout of one of the twin bedrooms required that the headboard of one bed was directly up against the other bed which had to be pulled out to adequately accommodate the use of the hoist.

The floor known as the extension consists of five single bedrooms and one twin bedroom. The single bedrooms have en suite toilet and sink.

The left side of the first floor was comprised of one single bedroom, two twin bedrooms, one three bedded and two four bedded rooms. One of the four bedded rooms has a bed in an alcove and when the curtain was pulled over it impinged on the privacy of the resident in another bed. The three bedded room requires a resident's bed to be up against the side of the wardrobes shared by all of the residents. In some instances residents share wardrobes as there was no space for individual wardrobes in the rooms. The largest of the four bedded rooms consists of two sections with a dividing wall which are linked by a ramp. The provider had replaced the window in the dividing wall with opaque glass to ensure the privacy of residents in one section of the room.

First and second floors are accessed via two chair lifts with a return in the centre. On the return residents have to negotiate three steps down to access the lift and at the top of the stairs there are a further two steps to access the bedrooms. Bedroom six on the

first floor return was a three bedded room which has to be accessed via two steps down and two steps up. The provider had been made aware at the previous registration inspection that a number of identified bedrooms were only to be used for fully mobile residents who required no assistance. However, inspectors found that a resident assessed as high risk of falls and where a physiotherapy review had taken place indicating assistance was required to mobilise was accommodated on one of the bedrooms on the floor, this posed a potential risk to the resident.

The dining room and day room on the ground floor has five steps leading down to it. A significant number of resident have to use a chair lift to access this.

There are a sufficient number of suitable toilets and showers in accessible areas. However, the shower room and toilet on the ground floor was accessed directly from the corridor and via a door from the four bedded room. There was no door on the shower room and toilet and only curtain screening which was insufficient for privacy and dignity.

Following the previous inspection the provider stated that he was applying for planning permission to address the bedroom accommodation in order to comply with the Standards and Regulatory requirements for 2015. However, planning permission had not been sought although a plan had been drawn up to sub-divide one four bedded room on the ground floor.

The bedrooms do meet the measurements as required by the Standards for space. However, the lay out as described compromised residents access to their own belongings and privacy considering the number of commodes used in the centre. Due to lack of a lift in the centre the residents are entirely dependent on staff to support them in the chair lifts. As observed this process took considerable time given that there are 31 residents accommodated between the first and second floor. Inspectors also observed that the process was very difficult for residents many of whom had to be moved from wheelchairs to the chair lift and then the process had to be repeated at the other end.

Storage was a considerable problem. During the day a significant number of wheelchairs and hoists were stored in toilets and bathrooms.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There were written operational policies and procedures for the making and management of complaints. This included the function of the designated person who was responsible for overseeing and monitoring the implementation of the complaints procedures in accordance with Regulation 34 (3). There was also an external person appointed to act as advocate for residents should they require this. The process of local resolution of complaints was undertaken by the person in charge and the provider. The sample of complaints viewed by inspectors indicated a willingness to address issues raised. They were resolved satisfactorily and the complainant's views of the outcome were ascertained. Adequate records were maintained. Residents and relatives spoken with indicated that they were aware of how to make a complaint and felt confident in doing so.

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:

Inspectors were satisfied that there was a commitment to supporting residents' medical and psychosocial needs at this stage of life. There was a written operational policy on end of life care. Since the thematic inspection in 2013 all staff had received training on end of life care and advanced planning. Records reviewed indicated that there was advanced planning, in terms of treatment options, admission to acute care services or palliative support. This decision making process was undertaken in consultation between the medical personnel, families and the resident. Decisions were documented satisfactorily.

A review of a sample of records demonstrated that resident's comfort, support and pain symptom management was prioritised by staff. Relatives spoken with were very complimentary regarding the support they and their relatives had received. Relatives were accommodated to remain on the premises and food and refreshments were provided. Religious affiliations were supported with regular access to religious services of a number of denominations.

All legal requirements including verification of death and reporting to the coroner's office were seen to be documented. Records were detailed and complete. There was evidence of good access to and liaison with palliative care services as required and staff had training in cardio pulmonary resuscitation. Inspectors reviewed a record in relation to

sudden death which had occurred. Staff were seen to act promptly and in accordance with the residents stated wishes.

Judgment:
Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:
Relevant policies and guidelines were in place to support nutritional intake and hydration. There was evidence on records available of the consistent monitoring of residents nutritional status and needs. The malnutrition universal screening tool (MUST) was undertaken and repeated to identify any residents at risk. Weights were monitored either weekly or monthly as dictated by the residents needs. There was evidence of referral to dieticians and speech and language therapists for all those residents on either modified or altered consistency diets. There was a documentary system for communicating specific dietary requirements between the catering and nursing staff. Staff were found to be knowledgeable on these dietary requirements and the correct fluid consistencies prescribed for residents. As observed by inspectors the residents meals were consistent with the directions of the clinicians.

Residents, including those on modified foods were offered a choice at all meals and the menu was seen to be varied. Meals observed including modified meals, were presented in an appropriate and appetising manner. Snacks and hot and cold drinks including juices and fresh drinking water and soup were readily available throughout the day. Food was available for late evenings and those residents on puréed diets were provided with foods such as rice, custard and soft fruits. Food such as sandwiches, fruit, yoghurt and cakes were available for snacks at different times of the day. All residents and relatives spoken with complimented the food and said the choice was sometimes difficult make as it was all good.

A food safety management plan was in place and the most recent environmental health officers report was also available. A number of actions had been identified and the inspector was informed that these had been carried out. Catering staff had completed the required food safety training and had also received nutritional training from the dietician. Residents were provided with additional supplements as deemed necessary and prescribed by the medical officer.

The inspector observed that there was sufficient staff to ensure residents were supported in an unhurried manner with staff observed to be communicating and encouraging residents. The dining space in the centre was limited and accommodates 16 residents. A smaller dining room was available upstairs for five residents. A small number of residents had their meals in the living room assisted by staff. There were two sittings for meals in the main dining room. Breakfast was staged according to the resident's preferences.

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:

Residents who could communicate with the inspectors were able to articulate their medical and care needs and indicated that they were consulted in regard to their care. Feedback from relatives also indicated that they were consulted with regarding care plans and care needs. It was apparent that there was choice in regard to their daily routines such as getting up or attending activities.

Inspectors found evidence of consultation with residents. Minutes were seen from residents meetings which were held to ascertain resident's feedback in relation to the running of the centre and their experience of care. These take place circa three monthly and approximately twenty five residents attended. The feedback from these meetings was supplemented by an annual feedback questionnaire circulated by the person in charge.

Residents had access to an independent advocate who can be contacted for general queries or for specific issues. Newspaper and other media such as television were evident and voting arrangements were made when required. There was also an open door visiting policy which was seen in practice throughout the two days of the inspection.

Access to the local community was provided either by family trips or by arranging for a member of staff to accompany them. The provider informed the inspectors that the need to be accompanied was decided based on the residents assessment and that there

have been instances in the past where more independent residents have accessed the community unaccompanied. Residents informed inspectors that their religious needs were met and the person in charge informed inspectors of the arrangements for voting.

A significant number of residents had cognitive impairment and communication difficulties and in some instances sight or hearing problems. Some but not all care plans contained guidance on the residents communication needs but there were no systems such as pictorial images or appropriate pictorial signage to promote communication sufficiently taking the residents' assessed needs into account.

In most cases, inspectors observed staff being respectful and communicating gently with the residents. However, in some instances the communication styles and actions of staff did not constantly demonstrate good practice. Residents' dignity and communication capacity was impinged upon where staff spoke in languages other than English when carrying out personal care or failed to speak to them when attending to them.

A resident was also observed being wheeled partially dressed along the corridor to the shower room in a commode which significantly compromised the resident's dignity.

Inspectors also observed that staff did not lock toilet doors when assisting residents. The provider assured inspectors that such actions were against the ethos of the home and their expectations of the staff. A shower and toilet which was accessed via an public corridor contained only curtain screening which significantly compromised residents privacy and dignity. Closed circuit television cameras (CCTV) were used mainly for security purposes. However, one of the cameras was in the dining/day room which impinged on resident's privacy and was contrary to legislation. The provider agreed to remove this particular camera.

There were two activities staff available which the provider organised following the previous inspection. Organised activities such as music were undertaken weekly and a range of activities was also available Monday to Friday. These included board games, singing; gentle exercises to music and art. A volunteer provided individual hand massage to some residents weekly. Sonas (a therapeutic programme) was held weekly. However, given the significant number of residents with cognitive impairment this aspect of the care programme required further development to ensure all residents were supported to participate in accordance with their capacities. For example, on both days of the inspection a number of residents were sitting for very long periods and could not engage at any level with the group activity. The activities staff maintained a record of attendance at activities but this gave no indication of the level of resident participation. While the programme in itself was varied they were primarily group activity based. There was no connection evident between the individual residents via the care plans for social inclusion and support to ensure that the programmes met their needs.

Judgment:
Non Compliant - Moderate

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 clothing and possessions. There was a documented and current record of residents personal possessions maintained. Valuables held for safe keeping were recorded and the signatures of staff and residents where this was possible was evident. Residents clothing was laundered on the premises and there was no evidence that clothing was not returned to the correct residents. However, while all rooms had lockable drawers a number of bedrooms had shared wardrobes which compromised their ability to manage their own belongings.

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:

Inspectors reviewed the actual and planned staff roster and from observation were not satisfied that there was a sufficient number and suitable skill mix of staff on duty during the day to meet the needs of residents. There were three nurses on duty from 8:00hrs until 14:30hrs each day including weekends with a satisfactory number of care assistant staff until 20:00hrs. There were two nurses on duty from 14:30hrs until 21:30hrs. As a response to the last inspection report the provider had rostered an additional nurse on duty until 21:00hrs to support the nightly medication round.

The centre had applied for registration for 52 residents assessed at the following dependency levels: 9 maximum; 10 high; 9 medium and the remainder as low. A minimum of 17 residents had a diagnosis of dementia. Inspectors could not ascertain that this ratio of nursing support was based on any evidenced based criteria for staffing ratios. Staff also stated that in the event of illness or emergency this number was not sufficient. The inspector reviewed the records in relation to an incident which occurred late at night. The single nurse on duty was in effect unavailable to the remaining residents for a considerable period of time while attending to this emergency. This finding was discussed with the provider at the inspection. She stated that she would review the nursing staff levels and initiate a twilight shift until midnight as an interim measure.

On-call was provided by the in charge and the provider. There was sufficient catering and household staff available who were knowledgeable on their respective responsibilities and duties.

A sample audit of three personnel files demonstrated that the provider had sourced the required documentation, including An Garda Síochána vetting, proof of identification, the required number of references and evidence of qualifications. While inspectors were informed that information provided was verified and gaps in CVs were clarified this was not documented. Current registration numbers for all professional staff were available. The two volunteers who attended at the centre had not altered since the last inspection when they were found to have been adequately vetted and had a written agreement for their role.

An examination of the training matrix demonstrated that there was a commitment to ongoing mandatory training and other training pertinent to the needs of the resident population. All staff had up to date mandatory training in fire safety and management, manual handling and movement of residents and the prevention, detection and reporting of abuse, Training had also been provided in the management of behaviours that challenge, infection control, dementia care, hand hygiene and end of life care. These courses were attended by all nursing staff and 31 health care assistants. Additional training in food and nutrition, management of physical restraint, cardio-pulmonary resuscitation and medication management was completed by all nursing staff. The training record was supported by documentary evidence.

The majority of Health Care Assistant staff had Further Education and Training Awards Council Training (FETAC) level 5 training.

There was an induction plan in place for staff of various roles to ensure they were familiar with the procedures and with residents care needs. The person in charge had commenced a process of regular appraisal with staff. Specific staff were assigned each day to various areas of the premises. Inspectors found that staff were aware of the policies and procedures, regulations and standards and staff articulated their various roles competently. However, given the findings in Outcome 16 Residents Rights and Dignity it is apparent that closer supervision of staff in terms of the delivery of care in a dignified manner and communication with the residents is required by the person in charge.

Judgment:
Non Compliant - Moderate

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:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Carysfort Nursing Home
Centre ID:	OSV-0000022
Date of inspection:	18/11/2014
Date of response:	22/12/2014

Requirements

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

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

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The policy on the management of controlled medication was not satisfactory to ensure the safe management of such medication.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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 policy on the management of controlled medication was updated on the day of inspection to include safe management of such medication.

Proposed Timescale: 19/11/2014

Theme:

Governance, Leadership and Management

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

Incident records of all falls were not maintained.

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:

Incident records of all falls are maintained in the nursing home except one fall where the resident was noted to have no injury. Instructed nurses to maintain incident report for all falls without fail.

Proposed Timescale: 20/11/2014

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Systems to prevent accidental injury to residents were not robust with reference to:
the placement of resident in bedrooms deemed unsuitable for their needs by virtue of their assessed dependency levels
insufficient safety measures documented for the use of the hoists.

Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The condition did not appear on our registration certificate. Over the last couple of years the residents in the rooms in question were ambulant. The resident in question had a urinary infection on the day of inspection which limited her mobility. Since the

inspection we have placed her in a room on the first floor.

Proposed Timescale: 21/12/2014

Theme:

Safe care and support

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

The sluice facility was located in an unsuitable position, not adequately contained and insufficient for the size and layout of the premises.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

We reject that the sluice room is located in unsuitable position. All commodes are now transported to the sluice room in sealed bags in a sealed container past closed doors. All staff underwent infection control training in July of this year. The only significant outbreak of infection was identified as a visitor bringing it into the home.

The Nursing Home has put policies and procedures in place to ensure compliance with all requirements relating to the sluice room and as an additional step undertakes to enlarge the sluice room before the end of July 2015.

Proposed Timescale: 08/12/2014

Theme:

Safe care and support

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

Systems and procedures for the evacuation of residents required review to ensure they were satisfactory, suitable and congruent with the needs of the residents and the size and layout of the premises.

Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

Emergency evacuation plan, the mode of transport and the arrangements for interim accommodation for all the residents are maintained in the emergency plan. Now the emergency plan details the mobility and special need requirement for each resident.

Proposed Timescale: 20/12/2014

Theme:

Safe care and support

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

There was insufficient evidence that staff were fully aware of the evacuation procedures in the event of a fire.

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:

All staff are aware of evacuation procedure in the event of fire. We had an external provider provide training in evacuation procedures in the event of a fire on 17 December 2014 and 19 December 2014.

The Nursing Home has completed a review with its fire safety expert of (i) the suitability of evacuation routes for residents of the nursing home by reference to their dependency and (ii) the egress from the premises on either primary or secondary routes and the Nursing Home is satisfied that it has received confirmation from its fire safety expert that same are adequate to ensure compliance with the 2013 Regulations and all applicable fire safety legislation.

Proposed Timescale: 19/12/2014

Outcome 09: Medication Management

Theme:

Safe care and support

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

Medication was left unattended by a administering nurse.

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:

Medications are stored in locked cabinets and are administered safely and securely to the residents. Now they are administered directly from the medicine cabinet which is

locked at all times.

Proposed Timescale: 20/11/2014

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 premises does not meet the regulatory requirements and is not appropriate to the number and needs of residents in the following ways;

It is over three floors and does not contain a lift to promote residents ease of access and movement.

There is insufficient room for basic equipment such as lockers or individual places to store clothing in some rooms.

Residents share wardrobes as there was no room for individual furniture in some rooms.

A number of the bedrooms cannot be accessed via the chair lift.

Residents have to use a chair lift or be able to negotiate the steps to the dining and day rooms in order to access these areas.

The number of shared rooms in particular the three and four bedded rooms combined with the use of commodes significantly compromises residents dignity and privacy. Curtain screening in one room impinges on the resident in another bed.

The headboard of one bed is positioned directly against the side of another bed as this is the only way both beds can be accommodated.

In one three bedded room a bed is located against the wardrobe preventing ease of access by any residents.

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:

We acknowledge that the building is old, but as is often the case good work goes on inside old things. Our residents, like our building, too are old but that does not detract from our devotion to our elderly residents and our old building.

Our residents live in a caring, loving environment. Their dignity and privacy is respected, which is evidenced by their comments and family comments both orally and written. Our residents are happy and secure.

All commodes totalling four are stored away correctly after use. There is a chair lift covering all floors. To the top floor there is one step to access this lift, but all the residents are totally mobile who use these rooms. Every resident has a lockable locker beside their bed. Some residents do share double wardrobes, with their express consent, but we have now put a partition down the middle of these wardrobes to address HIQA's purported concern.

Residents are encouraged to bring personal furniture to their rooms if desired and a number have done so. Since the inspection the partition in room 5 has been taken down and the bedroom has been reconfigured. The curtain screening in room 7 has been altered. In room 9 the bed has been moved away from the wardrobe. The location of the bed with the headboard position has changed in room 20.

The Nursing Home is satisfied that it is currently compliant with regard to present requirements for three and four bedded rooms.

The Nursing Home is satisfied that it is currently compliant with regard to the requirement for a lift to be available where residents are accommodated over two or more floors.

While not specifically identified by HIQA in this document as a required action, the Inspector has separately informed us in writing that for renewal of the Nursing Home's registration 'plans would be required to reduce the numbers in multi-occupancy rooms to conform with the Standards and to ensure the needs of the residents could be met in the accommodation'.

As discussed previously with HIQA, we have plans generally to redevelop Carysfort Nursing Home. However, due to economic constraints we are not in a position at this point in time to make any material changes to the Nursing Home. Notwithstanding, Carysfort Nursing Home is committed to delivering effective compliance with applicable current and future Standards in respect of accommodation. We aim to be in a position to extend Room 5 to make two twin rooms, partition Room 6 and 7 with a new window in Room 6 and configure Rooms 9 and 10 to make two twin rooms. In Room 12 an extra air vent will be put in.

We are satisfied that in the Report to which this Action Plan relates the Inspector has already confirmed that all "bedrooms do meet the room sizes as required by the Standards for space". We are satisfied, therefore, that the Report reflects that Carysfort Nursing Home's multi-occupancy rooms are compliant with the current Standards on accommodation space.

Given the Inspector's confirmation, and with a view to taking all reasonable steps to deliver effective compliance on the Inspector's desire for our Nursing Home to reduce the numbers in multi-occupancy rooms, we have asked the Inspector to confirm the precise basis (by reference to current legislative and regulatory requirements and the

current Standards) on which the registered provider must proceed to deliver a reduction in the numbers of multi-occupancy rooms.

As soon as we receive the Inspector's written confirmation, we plan to commence a project before 1 July 2015, in compliance with all applicable standards, legislation and regulations towards any required reduction of numbers in multi-occupancy rooms, where and as necessary. In the interim period, our plan is to have regard to any legislative changes which may occur in early 2015 to applicable regulations and the Standards as notified to the market by HIQA. In delivering this plan to HIQA, we are conscious of current economic constraints on our Nursing Home and the fact that HIQA's new Standards have not entered into force.

Proposed Timescale: Completed and 01/07/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The shared bedrooms combined with the use of commodes, and the lack of adequately screened shower and toilet facilities impinge on residents privacy and dignity.

Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

This is a working nursing home and all commodes are stored away correctly after use. A new door has been put up in the shower area in question.

Proposed Timescale: 19/12/2014

Theme:

Person-centred care and support

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

Residents preferences and capacities were not consistently considered in the provision of meaningful activities.

Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Activity staff provides activities to all our residents taking into consideration their ability to join in individual and group activities. On admission an activity therapy assessment form (life history) is completed by the nurse/ activity staff in conjunction with the resident and family. This is renewed every three months or sooner if needed. Following which a personalised activity care plan is written for each resident. This care plan is discussed with staff members including the activity staff. Following the inspection, the importance of providing group based activities and individual activities based on the resident's care plan were discussed with the activity staff. Along with the activity therapy assessment form, activity staff now maintains a copy of the resident's personalised activity care plan in the activity record which enable them to provide person centred activities.

Proposed Timescale: 30/11/2014

Theme:

Person-centred care and support

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

Residents care plans did not provide sufficient guidance and there was no evidenced based strategies to enable residents to communicate and interact with staff and with their environment.

Action Required:

Under Regulation 10(2) you are required to: Where a resident has specialist communication requirements record such requirements in the resident's care plan prepared under Regulation 5.

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

Following the inspection all staff are once again reminded about the importance of engaging the residents while providing care and communicating with them. Staff are strictly told not to speak in any other languages other than English while at work. All nurses are advised to revisit the communication care plan of each resident and to discuss that with the staff.

Proposed Timescale: 31/12/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The skill mix of staff was not sufficient for the number and assessed needs of the residents.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Since the inspection an extra full time nurse has commenced work in the home. We have extended our evening nursing shift to 10.30 pm.

Proposed Timescale: 13/12/2014**Theme:**

Workforce

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

Systems for monitoring staff practice on a daily basis were not satisfactory to ensure dignified care and appropriate communication with residents.

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:

All our staff are monitored on a continuous basis. A staff nurse is assigned on each floor to supervise and monitor the health care assistants. Handovers are held at the beginning of each shift and also after the morning care. All staff are reminded on a continuous basis regarding the importance of communicating and engaging the residents in the activities of daily living. Since the inspection, staff nurses are once again advised to closely monitor the health care assistants. Staff nurses report to assistant director of nursing who reports to the director of nursing who in turn reports to the providers. The director of nursing conducts staff appraisals every year.

Proposed Timescale: 25/11/2014