<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Youghal and District Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000307</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Gortroe, Youghal, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>024 90 280</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:youghalnursinghome@eircom.net">youghalnursinghome@eircom.net</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>Gortroe Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Peter Connon</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Breeda Desmond</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>50</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
</tr>
</tbody>
</table>
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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 28 April 2015 10:00
To: 28 April 2015 15:00

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
<th>Outcome 03: Information for residents</th>
<th>Outcome 04: Suitable Person in Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Outcome 12: Safe and Suitable Premises</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Outcome 18: Suitable Staffing</td>
<td></td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This was an inspection to inform a variation of conditions of registration and it took place over one day. The Authority received an application to increase the number of registered beds from 52 to 54. During the inspection the inspector met with residents, visitors and staff. Work practices were observed and residents’ documentation, policies and procedures, accident logs and complaints logs were reviewed by the inspector. The providers, person in charge and clinical nurse managers (CNMs) were very proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements which are discussed throughout the report.

Overall, the inspector found that residents’ wellbeing was central to service provision in the nursing home. There was evidence of good care practices in meeting the day-to-day needs of residents. Staff were kind and respectful to residents and demonstrated good knowledge of residents and intervention necessary for those with varying needs. Visitors interviewed concurred with this and gave positive feedback regarding care. The activity staff provided a wide variety of social and recreational activities and residents gave positive feedback regarding this.

All staff had received training in elder abuse prevention and protection to safeguard residents in their care. Staff levels and skill-mix appeared adequate to meet the assessed needs of residents. Residents were encouraged to exercise choice and
personal autonomy on a daily basis. Their views were sought informally on a daily basis and formally in the residents’ committee, which is held every two months approximately.

The premises was inspected and decor and furnishings were found to be of a high standard. The physical environment was suitable for its stated purpose and was comfortable, homely, bright, and well maintained. Independence of residents was promoted and many were observed mobilising throughout the centre and outside. All staff had received training in fire safety and evacuation.

Some improvements were identified to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

These improvements included:

- a hand wash sink in the sluice room upstairs
- end of life care policy.
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 was reviewed and updated March 2015. It described a service which aimed at providing individualised care for all residents. The inspector observed that care was delivered in a relaxed homely atmosphere. Services and facilities were described accurately. Some items required in Schedule 1 of the Regulations were not detailed in the Statement of Purpose and this was remedied before completion of the inspection.

Judgment:  
Compliant

Outcome 03: Information for residents  
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:  
Governance, Leadership and Management

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

Findings:  
A resident’s guide was in place which contained the information as required in the Regulations. Each resident received a copy of the resident’s guide and the statement of purpose upon admission.
It was reported to the inspector that all residents had contracts of care in place. A sample of contracts of care for residents was examined. The contract was part of the residents’ nursing documentation and a record of the contract including fees to be charged as well as additional fees.

**Judgment:**
Compliant

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The post of the person in charge was full time and held by a registered nurse with the required experience of nursing dependant people. He demonstrated sufficient clinical knowledge and a sufficient knowledge of the legislation and his statutory responsibilities. Clear management and accountability structures were in place. The person in charge was engaged in governance, operational management and administration associated with his role and responsibilities. A diverse range of clinical audits were ongoing to inform practice and improve quality of service and safety of residents. The person in charge along with support staff demonstrated a clear commitment to delivering quality care to residents, continually striving for excellence.

**Judgment:**
Compliant

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**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:**
The person in charge was aware of his responsibilities regarding notification to the Authority should the occasion arise. Appropriate deputising arrangements were in place to ensure care and welfare of residents. There was a CNM 2 and a CNM1 in post with responsibility for the day-to-day running of the centre as well as policy development and implementation. Residents gave positive feedback to the inspector regarding access to the providers and person in charge, staff and CNMs to discuss their care and other issues.

**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 timely access to GP services and allied health services including psychiatry, palliative care, physiotherapy, dietician, speech and language therapy, optician, dentist and chiropody services. Care plans with associated risk assessments of residents were completed on admission and four-monthly or more frequent if their condition required. The information documented in the plan of care was resident-centred and reflected an in-depth knowledge of each individual. Residents’ weights and other observations were completed on a monthly basis and more frequent if their clinical condition warranted and there was evidence of this. A daily narrative was maintained on each resident documenting their daily progress. Nurses were assigned responsibility for a number of care plans and they were given one day per month protected time to review and update the care plans with residents.

The assessment tool for bedrails included assessment of the resident as well as the environment aspect; consent was obtained from the resident or in the case of those with cognitive impairment, discussion with their next of kin. The inspector noted that a restraint-free environment was promoted and facilitated as many beds were low-low beds with crash-mats alongside beds and bedrails were not used.

Residents had opportunities to participate in meaningful activities appropriate to their interests and needs. The activities coordinators had complete a ‘hobbies and interests’ social assessment for each resident. It includes past hobbies, present interests and then
planned activities, which is signed by the resident. Residents had internet access and telephones in their bedrooms. Residents’ art, poetry and photographs were viewed throughout.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 12: Safe and Suitable Premises</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Effective care and support

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

**Findings:**
The design and layout of the centre fitted with the aims and objectives set out in the statement of purpose and the residents’ profile. It promoted residents’ independence, dignity, and well-being. The décor and layout of residents’ rooms as well as communal areas were decorated to a high standard and were comfortable, relaxing and homely.

All doors were fire doors including those at entrances to each wing to prevent progression of a fire. There were swing-free doors to residents’ bedrooms to enable doors to stay in the position you want them, and not swing open or shut. There were no door-saddles throughout to mitigate the risk of trips or falls; floor covering was non-slip and hand-rails were on both sides of corridors; access to the upstairs was either a lift or stairs.

The two new bedrooms were inspected and they were large single rooms with ample storage for residents to maintain their personal belongings as well as lockable storage; each had individual telephones, flat screen televisions, internet access, over-bed lights, comfortable seating and call bell. The en suites had shower/wet areas and hand wash sink and toilet; they were wheelchair accessible and had assistive equipment; the lighting incorporated emergency lighting. The radiators were sunken into the walls to mitigate the risk of falls or accidents from hitting off the radiators.

There were four conservatories (in addition to the other communal space) one located in each wing on both floors. The conservatory upstairs in the west wing was converted to the hair salon. The conservatory was completely refurbished to reflect an authentic salon with white tiled walls and deep green paint work with matching co-ordinated curtains; specialist seating and wide sinks to enable residents to rest their elbows while...
having their hair shampooed. The second conservatory upstairs in the east wing was now a prayer/quiet room and was much larger than the previous prayer room.

The new larger sluice room upstairs in the east wing was inspected. This was recently extended and while there was greater space available, this was not used to maximise the area. There was a sluice sink however, there was no hand wash sink. Storage for urinals and bedpans was inadequate cognisant of the size of the area. The shelving underneath the sluice sink was damaged from spillage of chemical, so effective cleaning was difficult. There was an open storage unit that stored incontinence wear which was not in keeping with best practice infection prevention and control professional guidelines. These were removed before the end of inspection and stored appropriately in the store room available.

There were metal storage racks in place in two bathrooms which were rusted and not in keeping with their statement of purpose regarding a homely environment and these were removed before the end of inspection.

There was an enclosed patio to the rear of the centre which was access through the dining room; this contained garden furniture and potted-plants. The grounds at the entrance to the centre were well maintained and had seating for residents to relax when out walking.

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

Findings:
The previous inspection highlighted that the policy on end of life care required updating and this was addressed. Nonetheless, the CNMs and person in charge identified that this policy required further updating following staff attending advanced training on end-of-life care. As part of this quality improvement initiative, they were developing a more extensive inclusive end-of-life care plan to commence as part of the resident’s pre-admission assessment and followed through as part of the admission assessment to inform their care plan.

As described in Outcome 12, a new multi-denominational prayer room was provided and the Church Of Ireland minister attended the centre on a monthly basis; weekly mass
was held in the centre. When a resident died, other residents were informed and a picture with the resident’s name was placed on the cabinet by main reception with the funeral arrangements.

**Judgment:**
Compliant

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### 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

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

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

**Findings:**

The numbers and skill-mix of staff appeared adequate to meet the assessed needs of residents. Staff roster was in place both as hard and soft copy. Staff were supervised appropriate to their role and responsibilities by the providers, person in charge and CNMs.

Registration with regulatory professional bodies was in place for nurses. The staff training matrix demonstrated that mandatory training was undertaken. Other staff training completed and scheduled for 2015 comprised end of life care, cardio-pulmonary resuscitation, food and nutrition, adult protection and fire safety.

Both CNMs were involved in the continuous quality assurance programmes and had undertaken audits with actions and responsibilities assigned with timescales detailed. They were involved in policy and procedure development and implementation to ensure on-going adherence with evidence-based research.

**Judgment:**
Compliant

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### 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:**

Breeda Desmond  
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>Youghal and District Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000307</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>28/04/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>05/05/2015</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 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:
There was no hand wash sink in the sluice room upstairs.

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.

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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:
Upstairs Sluice room has now been fitted with a Hand Wash Sink.

**Proposed Timescale: 05/05/2015**

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Storage for urinals and bedpans was inadequate cognisant of the size of the area.

**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:
Extra Storage has been provided for Urinals and Bedpans.

**Proposed Timescale: 05/05/2015**

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The surface underneath the sluicing sink in two sluice rooms was damaged from chemical corrosion which impeded effective cleaning.

**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:
Area underneath the sluicing sink has now been deep cleaned

**Proposed Timescale: 05/05/2015**