<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Cahermoyle House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000412</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ardagh, Limerick.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>069 76 105</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:jimdon@cahermoylehouse.com">jimdon@cahermoylehouse.com</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>Candor Holdings Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Martin Lynch</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Kieran Murphy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Shane Grogan</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>34</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>8</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, 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 notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 27 October 2015 10:30  To: 27 October 2015 17:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
</tr>
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</table>

Summary of findings from this inspection
This report sets out the findings of a one day unannounced inspection of Cahermoyle nursing home. The Authority had received a concern in relation to moving and handling practices and potential issues of safeguarding vulnerable adults in the centre. The Authority also received a notification from the centre which was related to the concern received.

Of the four outcomes that were reviewed on this inspection in relation to moving and handling practices and potential issues of safeguarding vulnerable adults, two were at the level of major non-compliance:
Outcome 7: safeguarding and safety
All reasonable measures were not being taken to protect residents from abuse.
Outcome 8: risk management
Improvement was required in moving and handling practices, incident reporting and fire safety.

As part of the inspection, records were seen which included policies and procedures, residents’ records and plans of care, training records, incidents, allegations and investigations and other relevant documentation.

Inspectors were informed that there was no overall system in place for tracking and managing allegations of abuse. This could not guarantee that the person in charge was aware of all allegations of abuse, nor could it guarantee that appropriate preventative measures were put in place to prevent similar incidents occurring in the

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future. Inspectors were not satisfied with the investigation by the centre of potential issues of abuse of residents. In particular, there was no evidence made available to show if recommendations had been implemented following an investigation.

Inspectors met residents and interviewed the assistant director of nursing and staff. The person in charge and the nominee on behalf of the registered provider were not present on the day of inspection. Staff interviewed was aware of the policy on prevention, detection and response to abuse. Training records confirmed that staff had up to date training in safeguarding of residents. However, inspectors saw evidence that incidents of potential abuse of vulnerable adults were not always being reported by staff.

The moving and handling assessments for residents with limited mobility were not always accurate. This was the fourth inspection in 2015 to highlight deficiencies in moving and handling practices.

Inspectors found that the healthcare planning process required improvement as the results of reviews by healthcare professionals were not always written in the plan to direct nursing care for the resident. Inspectors also found that the centre did not have suitable equipment to support residents with restricted mobility to have a shower or bath.

Inspection findings including non-compliances are discussed in the body of the report and in the action plan at the end of the report.
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):

Findings:
The Authority had received a concern in relation to moving and handling practices and potential issues of safeguarding vulnerable adults in the centre. During the inspection there was evidence that all reasonable measures were not being taken to protect residents from abuse.

As part of the inspection documentation was requested relating to any previous allegations of abuse of residents. However, inspectors were informed that there was no overall system in place for tracking and managing allegations of abuse. This could not guarantee that the person in charge was aware of all allegations of abuse.

Inspectors were not satisfied that appropriate actions were being taken following an allegation of abuse to prevent similar incidents occurring in the future. All four files provided to inspectors relating to safeguarding vulnerable adults also involved moving and handling practices. On one record there was a recommendation that staff were to receive additional training in moving and handling. However, there was no evidence that this training had been provided. In two records there was a recommendation that a review would be undertaken one month following the incidents. However, there was no evidence to show whether these reviews had been completed.

In one record seen by inspectors while the main issue related to moving and handling practices a further breach of the policies of the centre was apparent when a staff member had taken a photograph on their personal mobile phone. This photograph had been taken to show nursing staff an injury to a resident and had since been deleted.

Policies and procedures were in place for the prevention, detection and response to abuse which outlined that:
"any staff member who receives information, suspects or is concerned that a resident
has or is being abused or is at risk of being abused has a duty of care to report the matter as soon as possible.”

However, there was evidence that incidents of potential abuse of vulnerable adults were not being reported by staff. In one record seen by inspectors there was evidence that staff had observed two incidents of potential abuse of residents but had not reported it immediately. During an interview with inspectors staff had outlined a further potential incident of abuse that they were aware of but had not reported. Inspectors were not satisfied that any allegation of abuse was dealt with in an effective manner. Inspectors were not satisfied that staff understood the nature of abuse. Inspectors were not assured that staff were fully aware of their responsibilities in the prevention, detection and reporting of abuse.

**Judgment:**
Non Compliant - Major

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**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):**

**Findings:**
This inspection was focused on moving and handling practices and safeguarding of residents. It was found that improvement was required in moving and handling practices, incident reporting and fire safety.

On the previous inspection by the Authority in September 2015 it was found that the moving and handling risk assessments were inadequate as they had not been developed with the input of a person competent in the area of moving and handling. On this inspection there were records available for five residents with limited mobility or strength who required the use of a mobile hoist to transfer. The assessments had been reviewed by a competent person. One resident’s assessment indicated that they were supported to move via the hoist from their chair to a toilet. However, the assistant director of nursing agreed that the moving and handling assessment was inaccurate as the resident did not use the toilet.

There were records to show that the hoists had been serviced in August 2015.

Inspectors reviewed the incident reporting records from January 2015 to 27 October 2015 and saw records for 173 incidents of which 119 related to residents falling. While there were no incidents recorded relating to moving and handling of residents, there was one incident when a resident had fallen from a shower chair. The risk management policy for the centre stated that: “an incident report shall be completed by the staff member who identified the incident”.

The assistant director of nursing outlined that the centre had changed the way incidents were being reported and recorded from a paper system to an electronic system. However, care staff did not have access to the electronic system and had to report incidents verbally to nursing staff. Either nursing staff or senior nursing management then had to complete the electronic record. This was not in keeping with the centre’s risk management policy. In addition, inspectors were not satisfied that this system could ensure that all incidents occurring in the centre were being accurately recorded and managed.

On the day of inspection it was also observed that the main entrance/exit door was fitted with an electrically powered lock which automatically released when the fire alarm went off. This door also had a latch in place and a deadbolt which did not automatically release when the fire alarm went off. In relation to facilitating residents to exit in the event of a fire it was unclear why the deadbolt was also present on this door.

Judgment:
Non Compliant - Major

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):

Findings:
As part of this inspection the health and social care needs for residents with restricted mobility was examined. Inspectors found that the care planning process required improvement.

There was evidence that residents were referred for review as required by allied health professionals including physiotherapy in relation to mobility difficulties and an occupational therapist in relation to seating. Residents had recommendations available from a dietician regarding diet and meal planning. In one resident’s healthcare record the dietician had also referenced a recent review of the resident’s swallowing by a speech and language therapist. However, the results of these reviews were not always written in a plan to direct nursing care of the resident. Therefore, inspectors were not assured that directions of healthcare professionals relevant to residents needs were being followed as required.

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

**Theme:**
Effective care and support

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

**Findings:**
As part of this inspection the provision of adequate sanitary facilities for residents with restricted mobility was examined. Inspectors found that the centre did not have suitable equipment to support residents with restricted mobility to have a shower or bath. In one example a resident could not access the showers or bath because of restricted mobility. A suitable shower chair had not been provided and this resident had only received bed-baths since admission.

**Judgment:**
Non Compliant - Moderate

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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:**

Kieran Murphy  
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 report\(^1\)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000412</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>27/10/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>26/11/2015</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 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no system in place for recording and managing allegations of abuse.

1. Action Required:
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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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:
While there was a system in place, on this occasion, staff failed to follow the procedures outlined. There will be a root cause analysis undertaken to ascertain: (i) if the system is robust and easily understood and; (ii) to identify why the system failed. Following the review, staff training needs will be identified and all staff will be retrained to ensure that they are fully aware of and competent in recording allegations of abuse.

Moving forward, all new staff will have abuse responding, reporting and recording training done during their induction programme and will not work with residents or in the nursing home until they are deemed competent. There will be a three monthly audit of the management of allegations of abuse, the managing of any actual cases and staffs understanding of abuse and reporting etc.

Proposed Timescale: Root cause analysis and review of abuse procedure etc, to be completed by December 2015 end.

All abuse re-training by January 2016 end.

The first audit to be done February end 2016.

Proposed Timescale: 29/02/2016
Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A staff member had taken a photograph on their personal mobile phone.

2. Action Required:
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

Please state the actions you have taken or are planning to take:
The staff member in question acted without permission, authority and outside of the accepted practices within the nursing home. This issue has been dealt with appropriately.

Moving forward, all staff have been advised about the appropriate use of mobile phone use in the nursing home. A new mobile phone usage policy is currently being developed and a copy will be distributed to all staff when completed.

Proposed Timescale: 15/12/2015
Theme:
Safe care and support
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In two records there was a recommendation that a review would be undertaken one month following the incidents. However, there was no evidence to show whether these reviews had been completed.

3. Action Required:
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

Please state the actions you have taken or are planning to take:
Following incident review there was a recommendation for retraining. This had been completed but we accept that the records did not reflect this.

The incidents above have been reviewed and records updated. We are currently reviewing not only how incidents are handled but how subsequent reviews/follow ups are managed to ensure that there are no further episodes of records not being updated.

This may include changing our current documentation system.

Proposed Timescale: 31/12/2015
Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
On one record there was a recommendation that staff receive additional training in moving and handling. However, there was no evidence that this training had been provided.

4. Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:
While the training had originally been arranged in a timely fashion, it was subsequently cancelled and a second date was not available until Friday 6th November. All direct care staff have now up to date moving and handling training.

Likewise all indirect care staff have up to date moving and handling training complete.

Proposed Timescale: 26/11/2015
Theme:
Safe care and support
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All incidents or allegations of abuse were not being reported to the person in charge.

5. Action Required:
Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

Please state the actions you have taken or are planning to take:
Staff were reporting verbally to the PIC but we accept that they had not maintained accurate and contemporaneous records. As identified in Action 1, we are currently reviewing how incidents and allegations are handled and managed overall and the verbal and written reporting structures will form part of this review.

Proposed Timescale: Root cause analysis and review of abuse procedure etc, to be completed by December 2015 end.

All abuse re-training by January 2016 end.

The first audit to be done February end 2016.

Proposed Timescale: 29/02/2016

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:
Risk assessments in relation to moving and handling practices were not accurate. This was the fourth inspection by the Authority in 2015 to highlight deficiencies in moving and handling practices.

6. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
All the risk assessments in relation to moving and handling have been redone by the in-house Physiotherapist and copies of same are available for all staff.

Proposed Timescale: 26/11/2015
<table>
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<tr>
<th>Theme: Safe care and support</th>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The incident reporting system did not ensure that all incidents occurring in the centre were being accurately recorded and managed.

**7. Action Required:**
Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**Please state the actions you have taken or are planning to take:**
The risk management policy will be reviewed and amended as necessary to ensure that it is robust, accurate and will be easily understood by staff. On completion, all staff will be trained on the identification, recording and reporting of serious or adverse events or incidents.

As outlined in Actions 1 & 3, the overall management of serious incidents, accidents, allegations etc. is currently under review and the review will be complete by December end 2015.

Proposed Timescale: Training to be complete by end January 2015.

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<thead>
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<th>Proposed Timescale: 31/01/2016</th>
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**Theme: Safe care and support**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
In relation to facilitating residents to exit in the event of a fire it was unclear why a deadbolt was present on the front door.

**8. Action Required:**
Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

**Please state the actions you have taken or are planning to take:**
The deadbolt was in place to reduce the vibration caused from wind. This dead bolt has been removed.

Proposed Timescale: 26/11/2015
Outcome 11: Health and Social Care Needs

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Results of reviews by healthcare professionals were not always written in the plan to direct nursing care for the resident.

**9. Action Required:**
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

**Please state the actions you have taken or are planning to take:**
Currently an electronic and hard copy care plan system is in place. This can lead to confusion and the PIC has identified that using both systems concurrently is not effective in ensuring compliance with regulatory requirements in terms of documentation. The PIC is currently reviewing which of the two systems will be adopted and following this review, a decision will be made, where only one system is in place.

Once the decision is made and a system chosen, all nursing staff will have nursing care plan training which will include the use of a nursing model, assessment of care needs, the use of risk assessment tools, care need identification and evaluation. Once the training has been completed, all the care plans will be redone in their entirety. This project will be complete on/before March end 2016.

**Proposed Timescale:** 31/03/2016

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 centre did not have suitable equipment to support residents with restricted mobility to have a shower or bath.

**10. 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:**
Suitable facilities will be provided including a shower chair to ensure residents with restricted mobility can have a shower.
Proposed Timescale: 10/12/2015