

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Thorpe's Nursing Home
<b>Centre ID:</b>	OSV-0000436
<b>Centre address:</b>	Clarina, Limerick.
<b>Telephone number:</b>	061 353 007
<b>Email address:</b>	thorpesnh@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Barnacyle Nursing Home Limited
<b>Provider Nominee:</b>	Michael O'Shea
<b>Lead inspector:</b>	Mairead Harrington
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	26
<b>Number of vacancies on the date of inspection:</b>	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, 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 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
07 January 2016 09:15	07 January 2016 17:00
08 January 2016 09:15	08 January 2016 13:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report sets out the findings of an announced inspection at Thorpe's Nursing Home following an application by the service provider to vary the conditions of registration increasing the occupancy of the centre from 26 to 42. This was the eighth inspection of this centre. This centre was previously inspected on 10 and 11 June 2014 and findings at that time recorded a good level of compliance with the

Regulations and Standards. A copy of this report is available at [www.hiqa.ie](http://www.hiqa.ie). Where regulatory non-compliance had been identified previously the provider demonstrated their willingness, commitment and capacity to implement the required improvements.

During this inspection the inspector met with residents, the provider, the person in charge and other members of staff. The inspection included observation of practices and a review of documentation such as care plans, medical records, policies and administration records. The inspection also involved an assessment of the physical premises and in particular the newly constructed wing which was unoccupied at the time. The inspection found evidence of good practice throughout the centre. The premises was well maintained and the new wing provided accommodation and facilities of a standard in keeping with regulatory requirements. Residents spoken with reported positively on the quality and standard of care they received. The centre was comfortable and well serviced throughout.

The findings of the inspection are set out under 18 Outcome statements. These Outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspector was satisfied that the centre continued to operate in substantial compliance with both the Regulations and the conditions of its registration.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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.**

***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 inspector reviewed the statement of purpose and found that it complied with all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. A copy of the statement of purpose was readily available for reference.

It consisted of a statement of the aims, objectives and ethos of the centre and summarised the facilities available and services provided. The statement of purpose was kept under appropriate review.

**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:**

A clearly defined management structure was in place with care directed through the

person in charge who was employed on a full-time basis. Effective communication systems were in place between the provider and person in charge and the provider was in regular attendance on site. Both the person in charge and deputy reported that the provider was responsive and effective in the provision of support and resources. Appropriate recruitment processes had been implemented to appoint staff necessary to manage the new wing and transition plans were explained to the inspector that addressed issues such as induction of staff and a phased admission process of up to two residents per week. These processes were subject to review and arrangements were in place for management to assess progress on an ongoing basis. A comprehensive schedule of audits was in place to analyse data collected on a weekly basis in relation to the quality of care, for example falls, pressure sores, pain management, infections and the use of anti-biotics. The provider and person in charge articulated an understanding of the value of, and the processes involved, in reviewing and monitoring the quality and safety of the care provided. An annual review of the quality and safety of care delivered to residents in accordance with the standards had been undertaken. However, this review was incomplete and required further development in order to adequately reflect the requirements of the Regulations. Where areas for improvement were identified in the course of the inspection the provider demonstrated a conscientious approach to addressing these issues and a commitment to compliance with the regulations. The provider also stated that resources were available to develop the centre and to invest in the professional development of staff.

**Judgment:**

Substantially 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):**

**Findings:**

A comprehensive guide was available to residents which outlined the services and facilities of the centre and also provided information and contact details of useful organisations such as advocacy services. Each resident had a written contract, signed and dated, which outlined fees and services to be provided in relation to care and welfare. A sample of those reviewed contained the information required by the Regulations such as the services to be provided, arrangements for the receipt of financial support where applicable and a list of other services available and any related cost. However, in one instance the fee had not been entered on the contract.

**Judgment:**

Substantially 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 and experienced in keeping with statutory requirements. Though recently appointed, the person in charge was a long standing member of staff who operated on a full-time basis and had extensive experience in clinical care. Throughout the course of the inspection the person in charge demonstrated a professional approach to the role that included a commitment to a culture of improvement along with a well developed understanding of the associated statutory responsibilities. The person in charge held appropriate authority, accountability and responsibility for the provision of service.

**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:**

Up-to-date, site-specific policies were in place for all matters detailed in Schedule 5 of

the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. As outlined at Outcome 7 the policy on safeguarding residents required revision. Copies of the relevant standards and regulations were maintained on site. Staff spoken with demonstrated a satisfactory understanding of the policies discussed and their application in practice; for example procedures around safeguarding and safety and the management of infection control. Records checked against Schedule 2, in respect of documents to be held in relation to members of staff, were in keeping with requirements. Other records to be maintained by a centre such as a complaints log, records of notifications and a directory of visitors were also available.

Resident records checked were complete and contained information as detailed in Schedule 3, including care plans, assessments, medical notes and nursing records.

Policies, procedures and guidelines in relation to risk management were up-to-date and available as required by the regulations, including fire procedures, emergency plans and records of fire training and drills. Maintenance records for equipment including hoists and fire-fighting equipment were also available. Records and documentation were securely controlled, maintained in good order and retrievable for monitoring purposes.

A current insurance policy was available verifying that the centre was adequately insured against accidents or injury to residents, staff and visitors.

The directory of residents was viewed by the inspector and found to contain comprehensive details in relation to each resident such as name, contact details for relatives and contact details for their GP.

**Judgment:**

Substantially Compliant

***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:**

The person in charge and the registered provider were aware of their statutory obligation to inform the Chief Inspector of any proposed absence of the person in charge for a continuous period of 28 days or more. Such instances had been appropriately notified to the Authority.

Arrangements were in place to cover an absence by the person in charge. At the time of

inspection the staff member responsible for this role also held the position of person in charge at another centre delivering a service by the same provider. The inspector was satisfied that this member of staff was suitably qualified and demonstrated the necessary level of experience and knowledge to fulfil this role.

**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:**

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. This had been reviewed in January 2014. However, this policy required further revision to reflect the provisions of the current national policy on safeguarding vulnerable adults which came into effect in December 2014. Action in this regard is recorded against Outcome 5 on Documentation.

The training matrix indicated that all staff had received up-to-date training in protection and those staff members spoken with had received training, understood how to recognise instances of abuse and were aware of the appropriate reporting systems in place. These staff also demonstrated an understanding of advocacy and a commitment to ensuring the voice of the resident was heard.

Residents spoken with stated they felt safe and well minded in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise. There was no record of instances of abuse or any allegations having been reported.

There was a policy and procedure on the management of resident's accounts and personal property dated 1 June 2014. Systems in place to safeguard residents' money included the double signing of transactions. Of a sample reviewed documentation and recording was in keeping with protocols.

A current policy and procedure was in place in relation to managing challenging behaviour. Staff spoken with demonstrated the appropriate skills and knowledge to respond to, and manage, behaviour that might be challenging. In particular staff demonstrated an understanding of the need for effective communication and exploring the possibility of underlying causes in this regard. The restraint policy, reviewed on 14 January 2014, promoted a restraint free environment with the stated aim that restraint

be used only as a last resort. Where restraints were in use appropriate risk assessments had been undertaken. Care plans reviewed by the inspector, where bed-rails were in use for example, contained documented assessments and consent forms. Nursing notes reflected regular monitoring and review of restraints in accordance with standard requirements.

**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:**

Action in relation to a previous finding on manual handling practice had been addressed and staff spoken with understood the requirements in relation to best practice in this regard, including the presence of two staff in the use of any standing hoist. Policies and procedures relating to health and safety were site-specific and up-to-date. A risk management policy covering the required areas in relation to unauthorised absence, assault, accidental injury, aggression, violence and self-harm was in place. An emergency plan was in place and management had recently introduced personal emergency evacuation plans which highlighted key information such as the mobility status of the resident. The impact of the new wing had been appropriately considered and the fire assembly point re-located as a result. However, the evacuation plan on display was difficult to make out and required review to ensure that this information was readily accessible if necessary.

A fire safety register was in place which demonstrated that daily, weekly and monthly checks were completed to ensure effective fire safety precautions. Fire drills were conducted regularly in keeping with statutory requirements. Regular fire training was provided and records indicated fire training for all staff was up-to-date. Suitable fire equipment was available throughout the centre which was regularly maintained and serviced and documentation was available to confirm this. Regular checks of fire prevention and response equipment were in place including emergency lighting and fire extinguishers. A fire certificate in relation to the new wing was also in place and had been signed by an appropriately qualified person.

Adequate measures were in place to prevent accidents on the premises such as grab-rails in toilets and hand rails along corridors. Call bells were fitted in all rooms where required. Emergency exits were clearly marked and unobstructed. Routine health and safety checks were undertaken including regular audits on medication errors, accidents and falls.

The inspector saw evidence of a regular cleaning routine and practices that protected

against cross contamination included the use of a colour coded cleaning system. An external service provided a laundering facility for bed linen. Infection control training was provided most recently in December 2015. Sluice rooms and bathrooms were appropriately equipped and hazardous substances were securely stored. Staff spoken with understood infection control practices and staff were observed using personal protective equipment appropriately. Sanitising hand-gel was readily accessible and seen to be in regular use by staff. However, in the new wing a hairdressing sink had been located in a bathroom facility which was not in keeping with effective infection control procedures. Also, a commode in one bedroom had not been emptied in a timely manner.

**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:**

An action identified on previous inspection had been effectively implemented with relevant, site-specific policies and procedures now in place on the necessary aspects of medication management such as the ordering, receipt and administration of medicines to residents and including the storage, segregation and disposal of out-of-date or unused medicinal products.

Residents could exercise choice in their preference of pharmacist or general practitioner (GP). The person in charge explained that effective arrangements were in place with the pharmacist to support service provision to the residents and that the pharmacist regularly attended on site and completed audits on at least a quarterly basis.

Additionally the person in charge conducted a regular monthly audit around medication management. Medication related records were accessible and securely maintained. Staff responsible for administering medications were appropriately trained. No residents were self-medicating at time of inspection.

Medication prescription sheets were current and contained the necessary biographical information in keeping with statutory requirements. Prescribed medicines were signed by a GP and times for administration were provided. Medication administration sheets contained the signature of the nurse administering the medication and identified the medications on the prescription sheet. A medication administration round was observed by the inspector and practices demonstrated were in keeping with the relevant national guidelines. Medications were reviewed by the GP as required and at least on a quarterly basis. Medications were appropriately stored and secured. The handling of controlled drugs was safe with appropriate monitoring and recording systems in place in keeping

with current guidelines and legislation.

**Judgment:**

Compliant

**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:**

The inspector reviewed the incident log which was well maintained and clearly recorded all the relevant information around the circumstances and impact of incidents. The incident log was regularly audited and management explained that any learning to be gained was implemented through review at staff meetings for example. Incidents requiring formal notification were submitted to the Authority in keeping with statutory timeframes. Quarterly returns were also provided in accordance with the Regulations.

**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):**

No actions were required from the previous inspection.

**Findings:**

Current and site-specific policies and procedures were in place in relation to the care and welfare of residents. The inspector reviewed a selection of care plans which were well laid out and easy to follow with entries clearly recorded. Each care plan had a comprehensive pre-admission assessment undertaken for all residents. On admission

activities of daily living such as mobility, cognition, nutrition and communication were assessed. Where particular needs were identified the circumstances were recorded and a plan of care was clearly set out. There was evidence that these plans of care were regularly reviewed in keeping with statutory requirements, or as assessed needs indicated. Residents spoken with indicated that they were consulted with, and participated in, communication and decisions around healthy living choices including how they spent their day and personal preferences such as food and when or where they took their meals. The person in charge explained the transition arrangements for the schedule of admissions to the new wing which would occur over a phased period admitting up to two residents per week.

The person in charge confirmed that a medical practitioner attended the centre regularly and that some residents had retained the services of their own GP. The services of allied healthcare professionals were also available such as speech and language therapy, chiropody and a dietician. The inspector met with the physiotherapist who attended the centre regularly on a weekly basis. Care plans that were reviewed contained recorded assessments using standardised tools and referrals based on these assessments were made in a timely manner. At time of inspection one resident was being treated for a pressure sore and an effective care plan was in place that included a wound assessment chart. Care plans also included a record of vital signs, daily nursing notes and the property record. Documentation and correspondence around discharges and transfers, including records of medication, were complete and accessible.

Staff and management at the centre demonstrated an active commitment to person-centred care. Care plans were individualised and staff spoken with had a well developed knowledge and understanding of the needs and personal circumstances around individual residents.

**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):**

No actions were required from the previous inspection.

**Findings:**

Since the last inspection the premises had been extended to increase occupancy at the centre from 26 to 42 residents. The new wing was finished to a high standard and

provided an extra 16 ensuite single rooms and additional facilities including a new dining area, an extra communal sitting area, a library room that residents could also meet visitors in privately and three extra bathroom facilities including a facility for visitors. However, one bathroom was also being used as a hairdressing facility which presented a potential issue in terms of infection control and action in this regard is recorded under Outcome 8 on Health and Safety.

The centre was located on the outskirts of the village of Clarina set in substantial grounds with access to secure external space. At time of inspection the external space was being worked on in preparation for use by residents when weather improved and the plan of works included a water feature and seating area for residents and visitors to enjoy.

The centre was well maintained throughout providing a homely, comfortable and clean environment. Including the new wing, accommodation comprised 32 single bedrooms - 16 ensuite and five twin-bedded bedrooms with wash-hand basins. There were a sufficient number of toilets, bathrooms and showers to meet the needs of the centre. However, the base of one toilet was broken and required repair. Each bedroom could provide a bed, a bedside locker, a wardrobe, a chair and any specialised equipment or furniture as required by any resident. There was suitable storage for residents' belongings including a lockable unit.

Adequate privacy was ensured with all shared rooms having adequate screening provisions in place. Room dimensions exceeded the minimum statutory requirements and all provided adequate space for staff to both assist residents and use assistive equipment if required. There was a functioning call bell system in place throughout the centre.

There were suitable staff facilities for changing and storage and sleeping accommodation for staff was provided separately as necessary to support working arrangements.

There was a separate kitchen with sufficient cooking facilities, equipment and tableware and provision for suitable and hygienic storage of food.

There were adequate sluicing facilities provided and arrangements were in place for the proper disposal of domestic and clinical waste. Arrangements were in place for the laundering of bed linen and towels by an external service provider.

There was suitable assistive equipment provided including electric beds, hoists, wheelchairs, walking frames, pressure relieving air cushions and mattresses. Staff had received training or instruction in relation to how to use equipment correctly. There was ample storage space and equipment was stored safely and securely.

**Judgment:**

Substantially Compliant

***Outcome 13: Complaints procedures***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

A written operational policy for the management of both verbal and written complaints was in place. The procedure for making a complaint, including the necessary details of a nominated complaints officer, was displayed at the entrance area of the centre. The procedure outlined an appeals process that directed the complainant to the provider nominee and in the first instance and also provided contact information for the wider appeals process including the office of the Ombudsman. A summary of this information was also available in the guide for residents and statement of purpose.

A record of complaints was maintained which included details of actions to address and outcomes. The complaints process was discussed by the inspector with both management and residents and the information indicated that any issues raised were dealt with promptly at an early stage. There was no record of any complaints since the last inspection that had escalated for formal consideration.

**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:**

A comprehensive policy on end-of-life care was in place dated 12 January 2014 which covered the emotional, psychological and physical aspects of resident care and also provided direction on respect for remains and the procedure for post-death verification. Guidance was also included on managing religious preferences and the availability of pastoral care if required. Management and staff spoken with were clear in their understanding and commitment to the support of residents' wishes. Members of management spoken with explained an approach which involved both residents and family in the regular review of care planning, including end of life, on request or when there was a change in the condition of a resident.

Good care practices and facilities were observed to be in place so that residents could receive end-of-life care in a way that met their individual needs and wishes. For example residents could avail of a private room or had the choice to go home if possible and the relatives of residents had access to self-contained accommodation on site should they

need it. Records indicated end of life training had been delivered in March 2014. Memorial masses were said at the centre and on the day of inspection there was also a memorial tree set up in the dining area. Effective support was available from both GP services and a palliative care team.

**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:**

There were robust, site-specific policies dated 21 January 2015 on mealtimes, nutrition management, hydration, dysphasia and swallowing. Policies also provided guidance on procedures for the recording and communication of this information between staff.

In accordance with policy residents' food, nutrition and hydration needs were comprehensively assessed on admission. Residents were reviewed on an ongoing basis through the monitoring of weight and the calculation of scores using a specified nutritional assessment tool; when necessary, referrals were made to allied healthcare professionals such as a dietician or speech and language therapist.

Residents had choice around when and where they took breakfast, either in their rooms or in the dining area. A lunch menu for the day was on display which offered a starter, choice of main courses and dessert. Tea and coffee was also available. The dining area was now located in the new wing of the building and was well laid out with bright furniture and access to a secure courtyard area. Tables could be set for individuals or small groups depending on needs. Staffing levels were appropriate with care staff available to provide assistance with eating for residents as required. The inspector observed mealtime service and noted that residents were provided with the meals of their choice which were freshly prepared, nutritious and appetising in presentation. Choice was offered at the time of service and meals were clearly personalised with additional sauces also on offer separately. Residents spoken with were complimentary of the food and pleased with both the variety and quality.

The inspector spoke with the kitchen staff who had relevant experience and had received appropriate training in food management and safety. The staff member described effective communication systems to ensure residents received meals according to their needs and preferences with records of dietary requirements documented and easily referenced. The kitchen was well equipped and facilities were in keeping with the requirements of the size and occupancy of the centre.

**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:**

Policies were in place to support and empower residents including a policy on residents' rights dated 6 January 2015 and a quality of life policy dated 12 January 2014 that referenced personal control, enabling choice and involvement in the development of care plans. Residents could register to vote and procedures were in place to support any residents choosing to do so.

Arrangements were in place to facilitate residents' consultation and participation in the organisation of the centre including a residents' forum, the last of which took place on 16 December 2015. Minutes were seen from these meetings and attendance levels by residents were recorded. Documentation indicated that issues discussed at these meetings were relevant to the centre such as menu options and mass times. Individual preferences were facilitated and, for example, where an existing resident had expressed a wish to avail of one of the rooms in the new wing this was being implemented. Access to an independent advocate was available and contact information was on display at the centre.

The inspector found the atmosphere at the centre was homely and friendly; residents spoken with commented positively on the attitude and standard of care provided by staff and staff routinely observed courtesies in their exchanges with residents. Staff spoken with also understood and demonstrated appropriate techniques in managing communication where residents had a cognitive impairment or other difficulties communicating. Care plans included a "Key to Me" profile which contained relevant information around the life and circumstances of residents; the person in charge and staff had a good knowledge and understanding of residents' backgrounds and interests. The inspector noted that a visitors' policy was in place and that there was a regular attendance of visitors on the days of inspection. Facilities were available for residents to receive visitors in private should they so wish. The social background of many residents was local and links to the community were well supported with regional newspapers and visiting local musicians. Residents had access to TV, radio, papers and a private phone.

Internet connections were in place for the use of devices with support of family and visitors.

The statement of purpose described the ethos of the centre as providing a "high standard of professional care...in a clean, comfortable and safe environment." The inspector found that this ethos, and a person-centred approach to care, was actively promoted by both management and staff.

**Judgment:**

Compliant

***Outcome 17: Residents' clothing and personal property and possessions***  
***Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

A policy was in place on residents' personal property and possessions dated 6 January 2015. A sample of records reviewed indicated that an inventory of personal property belonging to residents was maintained. Adequate laundry facilities were in place and effective arrangements ensured the daily laundering of residents' clothing as necessary and the safe return of garments to residents.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

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

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The planned and actual staff rota was reviewed and the inspector was satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. Additionally, an appropriate plan for inducting staff to service the new wing of the centre was in place. Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. Documentation was well maintained in relation to staffing records as per Schedule 2 of the Regulations.

The inspector reviewed recruitment and training records and procedures and spoke with staff and management in relation to both these systems. Staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents. Records indicated that all staff were appropriately trained in mandatory areas such as safeguarding, manual handling and fire procedures and prevention. Management demonstrated a commitment to continuous and improved professional development and staff spoken with confirmed that they were appropriately supported in this regard with time allocated to attend training courses as required.

The system of supervision was directed through the person in charge and included a schedule of performance assessments and staff appraisals. Supervision was also implemented through monitoring and control procedures such as audit and review. An appropriately qualified, registered nurse was on duty at all times. Copies of the Standards and Regulations were readily available and accessible by staff.

At time of inspection no volunteers were engaged at the centre.

**Judgment:**

Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Mairead Harrington  
Inspector of Social Services



## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Thorpe's Nursing Home
<b>Centre ID:</b>	OSV-0000436
<b>Date of inspection:</b>	07/01/2016
<b>Date of response:</b>	13/01/2016

### 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 02: Governance and Management

#### Theme:

Governance, Leadership and Management

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

The annual review of the quality and safety of care was incomplete and required further development in order to adequately reflect the requirements of the Regulations.

#### 1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

We are currently reviewing our "review of 2015" we intend to expand on our document that is in place.

**Proposed Timescale:** 13/02/2016

**Outcome 03: Information for residents**

**Theme:**

Governance, Leadership and Management

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

In the case of one contract reviewed the fee had not been entered on the document.

**2. Action Required:**

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

The fee has been included in the contract.

**Proposed Timescale:** 13/01/2016

**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 safeguarding required review to reflect current national policy on the safeguarding of vulnerable adults.

**3. Action Required:**

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Policy has been amended to include the current national policy on safeguarding of vulnerable adults.

**Proposed Timescale:** 13/01/2016

**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:**

The location of a hairdressing sink in one bathroom was not in keeping with effective infection control procedures.

**4. 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:**

This is currently been risk assessed and a decision will be made before opening

**Proposed Timescale:** 31/01/2016

**Theme:**

Safe care and support

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

A commode in one bedroom had not been emptied in a timely manner.

**5. 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:**

Staff have been reminded of Infection control practices and policies.

**Proposed Timescale:** 13/01/2016

**Theme:**

Safe care and support

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

The evacuation plan on display was difficult to make out and required review.

**6. Action Required:**

Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

A new evacuation plan and drawing is now in place.

**Proposed Timescale:** 13/01/2016

**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:**

A toilet base in one bathroom was damaged.

**7. 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:**

This toilet has been replaced.

**Proposed Timescale:** 13/01/2016