Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Clarenbridge Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000764</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ballygarriff, Craughwell, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>091 77 7700</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@clarenbridgenursinghome.ie">info@clarenbridgenursinghome.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>The Village Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Frances Neilan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Marie Matthews</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>45</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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</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 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: 29 January 2016 12:00  To: 29 January 2016 19:00

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 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This monitoring inspection was unannounced and took place over one day. Inspectors met with residents, relatives and staff members and observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Seven of the ten actions from the last inspection had been fully addressed with three actions partially addressed. The Authority had received unsolicited information regarding the care and welfare of residents and access to allied support services. Inspectors reviewed these areas and found evidence to substantiate the concern received.

There were 46 residents accommodated in the centre on the day of inspection, at one resident was in hospital. 21 residents were assessed as having maximum dependency needs, nine had high dependency needs, seven had medium dependency needs and eight were assessed as having low dependency needs. Residents spoken with expressed satisfaction with the centre, staff, food and the service provided. Evidence of good practice was found in some areas of the service. The building was warm, clean, comfortable and well maintained. There was a variety of communal spaces available to residents. Residents had good access to general practitioners and there was evidence of regular referrals to specialists and allied
health professionals. However, here was no physiotherapy provided for a period of three weeks while the physiotherapist was on leave.

Inspectors identified improvements required in a number of areas to enhance positive outcomes for residents. Some care plans were not updated to reflect residents care needs. The management of complaints required review and management of the smoking room required improved monitoring to ensure the door was kept closed. Areas of non compliance were discussed in with the Person in Charge following the inspection. In line with the Authority’s procedures to manage risk and ensure safe, quality care the authority will continue to monitor closely the risk identified in this centre to monitor progress on the action plan submitted by the provider. The action plan at the end of this report identifies where improvements are required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
The statement of purpose was reviewed since the last inspection and had been updated to include details of the services provided in the centre and the criteria for admission and the age profile of residents.

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

Findings:
There was a clearly defined management structure in place. The person in charge reported to the provider nominee. A clinical nurse manager level 2 (CNM2) and a clinical nurse manager level 1 (CNM1) reported to the person in charge and deputized in the absence of the person in charge. The person in charge and the CNM2 were not available
on the day of inspection and the CNM1 was deputizing in their absence.

An annual review of the quality and safety of care in the centre had been completed as required by the regulations. Data was collected on areas such as complaints, activity provision, falls, incidents, wounds, call bells response times, restraints and other issues. However, deficits were identified in the care plans and in the management of some complaints which had not been identified through the audits completed and a number of medication errors were also identified during the inspection. This is discussed further under outcomes 9, 11 and 13.

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Judgment:
Non Compliant - Moderate

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 not present but spoke with the inspector by telephone following the inspection regarding inspection findings. She is a qualified registered nurse with the appropriate experience in care of the elderly. She demonstrated understanding of her legal responsibilities under the regulations and standards. Training records confirmed that she attended training courses to keep her clinical skills up to date.

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
**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: |
| Fire exits were observed to be unobstructed and corridors were clear of any items which could impede evacuation in the event of an emergency. On the previous inspection, inspectors observed fire doors being held open with wedges. This risk had been addressed and fire doors were closed. Training records reviewed showed that all staff had received training in moving and handling and inspectors observed good moving and handling practice. Suitable fire equipment was provided throughout the centre. There was documentary evidence fire equipment was serviced on an annual basis and the fire alarm was serviced on a quarterly basis. Staff spoken with were knowledgeable of the response to be taken if the fire alarm was activated or if the centre required evacuation. All staff had received training in fire prevention. Fire drills were taking place on a regular basis and at different times of the day. The inspectors observed that the centre was clean and appropriate infection control procedures were in place including alginate bags for the laundering of soiled linen. A risk management policy and a health and safety policy were available to guide staff and appropriate risk assessments were completed. However, inspectors noted some |

| Judgment: |
| Compliant |
risks were not appropriately assessed or managed. For example, risks associated with residents smoking were not appropriately managed. Although smoking aprons and fire extinguishers were provided in the smoking room, the door leading to this room was secured in an open position which increased the risk of fire spread and also allowed smoke fumes to migrate from this area into communal areas used by residents. This was brought to the attention of staff who immediately closed the door. The CNM1 gave assurances that this would be monitored.

**Judgment:**
Non Compliant - Moderate

<table>
<thead>
<tr>
<th>Outcome 09: Medication Management</th>
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<tbody>
<tr>
<td><em>Each resident is protected by the designated centre’s policies and procedures for medication management.</em></td>
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</table>

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The actions from the last inspection were partially addressed. However, inspectors identified that improved oversight was required in the management of medication in the centre. A system had been introduced to ensure out-of-date medication was returned to the pharmacy. These were stored separately in the interim. There were daily checks of the temperature of the medication fridge.

A number of non-compliances were identified on the last inspection and inspectors found on this inspection that some of these actions had not been adequately addressed. For example, the medication administration sheet did not have space to record comments in the case of a resident refusing to take their medication. The route of administration was not always clear on medication administration recording sheets (MARS) and inspectors observed that some medications were not given at the time prescribed. Staff had completed training in the safe administration of medication and medication audits were completed by the person in charge. However, these issues had not been identified during the audits.

**Judgment:**
Non Compliant - Moderate

<table>
<thead>
<tr>
<th>Outcome 11: Health and Social Care Needs</th>
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<tbody>
<tr>
<td><em>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</em></td>
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needs and circumstances.

Theme:
Effective care and support

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

Findings:
HIQA had received unsolicited information regarding the care and welfare of residents and access to some allied support services. Inspectors reviewed a sample of four care plans. There was evidence that residents were reviewed by speech and language therapy, physiotherapy, occupational therapy and dietetics. A physiotherapist was employed by the provider. In discussions with staff, the inspectors were informed that the physiotherapist had been on leave for a three week period and no alternative arrangements had been put in place to meet residents’ care needs during this period. In one care plan reviewed, a resident was identified as requiring regular physiotherapy and this was not provided during this period which had resulted in negative outcomes for the resident. This was brought to the attention of the nurse on duty during the inspection and discussed with the person in charge following the inspection. She advised that there had been unforeseen circumstances for the physiotherapist’s absence and gave assurances that an alternative physiotherapy service had now been organized. This would be used to review residents in future during any absences by the physiotherapist employed. An action has been included in the action plan that accompanies this report requiring the provider to provide confirmation of this.

There were four residents with pressure or vascular wounds at the time of the inspection. Wound care plans reviewed by inspectors provided advice regarding the type of dressings required and the frequency at which the dressings should be changed. Wound assessment charts were completed for each resident. However, inspectors observed that where a resident had more than one wound, separate wound charts were not completed to record the healing progress of each wound. Where wounds were not healing, the inspector saw that the resident was referred for specialist advice to a vascular surgeon or a tissue viability nurse. In one wound care plan reviewed, the inspector observed that the outer wound dressing in use was not the dressing prescribed by the specialist who had reviewed the resident. The person in charge was clarified this following the inspection. She stated that the dressing prescribed was not adhesive and would not remain insitu.
Inspectors saw that residents whose skin integrity was at risk had pressure relieving mattresses and had a pressure relieving cushion for their seats. Although there was evidence of repositioning of these residents recorded, inspectors identified gaps in the times recorded which increased the risk of developing pressure wounds.

There was evidence that residents were weighed monthly and were referred to a dietician for specialist advice if required. The nurse in charge stated that where a resident had unintentional weight loss, weekly weighing was commenced. In one care plan reviewed, the resident had lost 6 kg over a period of a year and weekly weight
checks were completed. Inspectors identified poor linkage between some care plans. For example where a resident had a wound, there was no link to the nutritional care plan. Inspectors saw that those residents identified with a nutritional risk or with a pressure wound were prescribed nutritional supplements and inspectors verified that these were provided. Records of residents’ food and fluid intake were available.

Inspectors identified that improvement was required in care plans to ensure they reflected the residents’ current needs. For example, the inspectors viewed the care plan of a resident who had sustained a fall. The resident had been reviewed by the physiotherapist, however, the falls prevention care plan had not been updated to reflect that the resident had sustained a fall and the advice of the physiotherapist had not been incorporated into the care plan.

On the previous inspection there was inadequate guidance for staff in the management of epilepsy. In response to this three nurses attended a training day on epilepsy and an epilepsy protocol was now available to guide staff. An activities schedule was displayed at various locations throughout the centre and activities coordinators were employed to deliver activities to residents. Inspectors observed a Sonas reminiscence therapy session during the inspection which was attended by 15 residents. Residents spoken with said they enjoyed the activities provided.

**Judgment:**
Non Compliant - Major

**Outcome 13: Complaints procedures**
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

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

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Practice in relation to complaints management was inadequate. Inspectors reviewed the complaints procedure in light of a serious concern received. Although there were procedures in place for the management of complaints, inspectors identified that significant improvement was required to ensure that all complaints were recorded and responded to appropriately and in line with the requirements of the regulations.

In the sample of complaints recorded, it was not always evident that the complainant was satisfied with the outcome of the complaint, as this was not recorded on the
complaints form. In discussion with staff, inspectors were told that one resident had complained to staff several times. However, no complaint from this resident was recorded in the centre’s complaints log and consequently, the complaint had not been adequately responded to and the provider had not notified the resident of the appeals process.

The complaints procedure was displayed for residents and it clearly identified the complaints officer. Complainants who were not satisfied with the initial response to their complaint were directed to an independent appeals process.

**Judgment:**
Non Compliant - Major

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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

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

**Findings:**

On the previous inspection, inspectors identified that some staff had not received updated training in fire safety, manual handling and safeguarding vulnerable persons. Training records reviewed by inspectors indicated that staff had completed training in fire safety, manual handling and safeguarding. There was also evidence that staff had been provided with training in a variety of areas relevant to their roles including wound care, behaviour and psychological symptoms and signs of dementia.

The staff rota indicated that there were two nurses on duty each day in addition to the person in charge and the assistant director of nursing. Nine care assistants were on duty in the morning and an activities coordinator. Staffing levels reduced in the evening to two nurses and 7 care assistants and at night time there were two nurses and 4 care assistants on duty. The CNM1 said that staffing levels were reviewed according to the needs of residents. Communal areas were observed to be supervised at all times during the inspection.

**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:**

Marie Matthews  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
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:
Deficits were identified in the management of some complaints and care plans which had not been identified through the audits completed.

A number of medication errors were also identified during the inspection.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
The Provider and the PIC will review systems in place with the nurse managers to ensure compliance with policies on care plans and medication management. Reviews of documentation on care plans and on the MARS sheets will be undertaken.

Proposed Timescale: 18/04/2016

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:
Risks associated with residents smoking were not appropriately managed as the door leading to this room was secured in an open position which increased the risk of fire spread and also allowed smoke fumes to migrate from this area into communal areas used by residents.

2. 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:
The door was fitted with a door guard to ensure the smoke room door remains closed.

Proposed Timescale: 02/02/2016

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medication administration sheets did not have space to record comments.

The route of administration was not always clear on medication administration recording sheets (MARS) and some medications were not given at the time prescribed.

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

**Please state the actions you have taken or are planning to take:**
The current MARS system is being replaced and the new system will be implemented by 30th May.

**Proposed Timescale:** 30/05/2016

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**Outcome 11: Health and Social Care Needs**

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Alternative arrangements were not made to provide physiotherapist services available to residents while the physiotherapist employed was on leave.

**4. Action Required:**
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

**Please state the actions you have taken or are planning to take:**
A locum physiotherapist is normally appointed when the physiotherapist is on vacation and this practice will continue. The one occasion noted in this report was extraordinary and not indicative of the service usually provided.

**Proposed Timescale:** 21/03/2016

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The care plan of a resident who had sustained a fall had not been updated to reflect the incident or the reviewed by the physiotherapist.

**5. 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:**
All residents will have their care plan updated following a fall and risk level reviewed.
**Proposed Timescale:** 21/03/2016  
**Theme:** Effective care and support  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Wound care practice was not in line with evidence based nursing care. Where a resident had more than one wound, individual wound charts were not completed to record each of the wound’s healing progress. Repositioning charts for residents at risk of developing a pressure wound were incomplete.

**6. Action Required:**  
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:  
1. Wound charts will be completed for each wound.  
2. All staff are advised to complete repositioning charts at the time of the practice.

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**Proposed Timescale:** 21/03/2016  
**Outcome 13: Complaints procedures**  
**Theme:** Person-centred care and support  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
One resident had complained to staff several times verbally but the complaint had been not been adequately responded to

**7. Action Required:**  
Under Regulation 34(1)(d) you are required to: Investigate all complaints promptly.

Please state the actions you have taken or are planning to take:  
1. The PIC was on vacation at the time of this complaint.  
2. All complaints will be addressed by the CNM11 in the absence of the PIC.
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In the sample of complaints recorded it was not always evident that the complainant was satisfied with the outcome of the complaint as this was not recorded on the complaints form.

The provider had not notified the resident of the appeals process.

8. **Action Required:**
Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

**Please state the actions you have taken or are planning to take:**
All residents are provided with the residents guide and this includes the complaints process and the appeals process.

**Proposed Timescale:** 21/03/2016