

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Curragh Lawn Nursing Home
Centre ID:	OSV-0000029
Centre address:	Kinneagh, Curragh, Kildare.
Telephone number:	045 481 880
Email address:	curraghlawn2@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Liam McDonnell, Miriam McDonnell, Valerie Ryan Partnership T/A Curragh Lawn Nursing Home
Provider Nominee:	Valerie Ryan
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	2

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
18 October 2016 10:00	18 October 2016 19:00
19 October 2016 08:30	19 October 2016 16:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	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 was an announced inspection and formed part of the assessment of the application for renewal of registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, and risk management processes. The views of residents, relatives and staff members of the centre were also sought.

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (HIQA). All documents submitted by the provider, for the purposes of application to register were found to be satisfactory. The fitness of the nominated person on behalf of the provider and the person in charge were assessed through an ongoing fit person process. They demonstrated knowledge 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 throughout the inspection process.

A number of residents' and relatives' questionnaires were given to the inspector during the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. In particular, they were very complimentary on the manner in which staff delivered care to them commenting on their patience, good humour and respectful attitude.

A good standard of nursing care was found to be delivered to residents in a respectful and person-centred manner. Staff were knowledgeable of residents and their abilities and responsive to their needs. Safe and appropriate levels of supervision were in place to maintain residents' safety in a calm and unobtrusive manner.

Residents had access to general practitioner (GP) services and to a range of other allied health services

The inspector found there was a good level of compliance with 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. In particular there was an effective system of governance with an emphasis on continual improvement. The management team was very involved in the daily operation of the centre. They had a very visible presence in the centre and were observed to spend a lot of time with residents and their families and visitors. The commitment of the provider entity to deliver individualized, holistic care that meets the health and social care needs of residents was also evident in their involvement in national service development projects, community events and personal and professional development of the overall service and staff team.

Some areas of ongoing improvement were identified with regard to continuous training and development on dementia care, safeguarding and advocacy, person-centred care and staff appraisals and development.

The Action Plan at the end of this report identifies areas where a small number of improvements are required to fully comply 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 including risk management and care plans.

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:

A written statement of purpose was available that broadly described the service provided in the centre and contained all of the information required by Schedule 1 of the Regulations.

Copies of the document were available in the centre

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):

Findings:

There was evidence of sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. A clearly defined management structure that identified the lines of authority and accountability as outlined in the statement of purpose was in place. This structure consisted of a family owned and operated service. The team includes a chief executive officer, the person representing the provider entity, who is also the director of nursing, the person in charge and the operations manager.

They are supported by the assistant director of nursing and administrative support.

Systems were in place to monitor quality and safety of care in place while data was being collated on a monthly basis on key performance indicators (KPI's) of clinical care such as; falls: pressure injuries: medication errors and nutrition management. These KPI's are used as a way to assess the standard of care being delivered in the centre. Weekly meetings of the senior management team took place and a sample number of minutes of these meetings held were viewed. The senior management team considered clinical and non clinical risk indicators, and progress on quality improvement projects such as; staff training, and recruitment, equipment, and finance and future service developments.

An annual review of safety and quality of care was in progress. A draft report was prepared by the provider and inspectors looked at this draft report. The report identified key performance indicators such as; staff recruitment, retention and training; complaints analysis and service developments. Other quality care indicators were referenced to indicate the standard of and safety and quality of service being delivered.

Judgment:

Compliant

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Each resident had an agreed written contract which deals with the resident's care and welfare. The contract included all details of the services to be provided for that resident and the fees to be charged.

This included a list of facilities and services provided including laundry, meals, and housekeeping. Services offered in the centre which incurred additional fees were listed. A guide to the centre was available to all residents. This described the centre services, management, complaints procedure, and contact information for useful external bodies. Communal areas such as the lobby also had information on display regarding the complaints procedure, evacuation instructions, detail's of staff on duty and contact details for advocacy services.

Judgment:

Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The centre was managed by a suitably qualified and experienced nurse who held authority, accountability and responsibility for the provision of the service .Through an assessment process it was noted that there was daily engagement in the governance, operational management and administration of the centre. The person in charge facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions and was focused on developing a culture of quality improvement and learning to drive improvements in the standard of care delivered to residents.

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:
Records set out in Part 6 of the Regulations were available and kept in a secure place. The Statement of Purpose and Residents' Guide was complete and available. A copy of the insurance cover in place was provided which meets the requirements of the Regulations.

The directory of residents was reviewed and was found to meet the requirements of the Regulations and was up to date with records of admissions discharges and transfers maintained.

It was found that, overall, general records as required under Schedule 4 of the Regulations were maintained including key records such as appropriate staff rosters, accident and incidents, nursing and medical records and operational policies and procedures as required by Schedule 5 of the Regulations. Policies were reviewed on a regular basis and within the three year timeframe required by the regulations.

It was found that all records listed in Schedule 2 and Schedule 23 of the regulations were being maintained in terms of accuracy and were updated regularly. The inspector reviewed a sample of staff files and found that they met all of the requirements listed in Schedule 2.

Judgment:
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 provider was aware of her responsibility to notify the Chief Inspector of the absence of the person in charge. The person in charge was supported in her role by the named provider who was also the Director of Nursing (ADON) and an assistant director of nursing who deputised in her absence. The DON was resident focused, aware of the roles and responsibilities of the position and had the qualifications and experience required by the legislation.

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:

Staff had received training on the prevention of elder abuse and all staff spoken too were clear on their role and responsibilities in relation to reporting abuse. Staff were also knowledgeable in recognising the possible signs and symptoms, responding to and managing abuse. Procedures to protect residents, such as a robust recruitment system, staff induction and training were also in place and implemented.

In conversations with them, residents told the inspector that they felt safe and secure in the centre and relatives also confirmed that they did not have any concerns for the safety of their loved ones.

The provider informed the inspector that they did not act as pension agents for any of their current residents, were not involved in assisting residents to manage their finances and that only occasionally would they assist residents to make small purchases.

It was noted that there was a move towards changing the culture and promoting a restraint free environment. The use of bed rail restraint had reduced since the last inspection and the use of alternative measures such as low-low beds, mat and bed alarms had increased. Risk assessments for use of restraints were completed. Evidence of alternatives considered or trialled was available and included or referenced in the assessments or in associated care plans.

However, it was noted that a process to determine residents' capacity to understand complex issues and make informed decisions was not in place. This was discussed with the provider and person in charge who were aware of the provisions of the Decision Making Capacity Act 2015 and the requirement for an assessment of capacity to be made and supports provided to enable self determination for residents.

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):

No actions were required from the previous inspection.

Findings:

Emergency lighting and fire fighting equipment, directional signage and appropriate fire procedures were available throughout the building. The internal and external premises and grounds of the centre appeared safe and secure, with appropriate locks installed on

all exterior doors and a register of visitors was available. The centre was found to be visibly clean and clutter free. A CCTV system was in place, primarily externally but corridors and also the internal aspect of the exit door at the bottom of the dining room was also monitored.

Completed logs were maintained on daily, weekly, monthly and quarterly tests and checks of fire equipment, doors, exit routes and emergency lighting. Certification of testing and servicing of fire extinguishers and the alarm system were documented. Fire and smoke containment and detection measures were in place and exits were free of obstruction.

Individual evacuation plans were available for all residents. These identified the level of mobility, level of assistance required to evacuate and level of possible compliance with an evacuation process. It also identified whether close supervision was needed following evacuation. Fire training was provided on a regular basis and had been delivered within the last 12 months. Staff spoken to were familiar with the actions to take in the event of a fire alarm activation. Staff were also familiar with the principles of evacuation responses based on the individual plans in place for residents.

It was found that in some cases, particularly where residents were assessed as requiring use of emergency sheets to evacuate staff responses were not always consistent. It was also noted that where some residents were assessed as requiring these evacuation sheets, the sheets were not always properly fitted to facilitate their correct and swift use. The Inspector found that regular simulated evacuation drills were not held such as, simulation of an actual evacuation to determine the competency of staff to implement the individual evacuation plans and to use evacuation equipment such as evacuation sheets.

Appropriate arrangements for investigating and learning from serious incidents/adverse events which identified residents who were at risk of falls and put in place appropriate measures to minimise and manage the risks was in place. A risk register was established which was regularly reviewed and updated. Governance and supervision systems were in place to monitor residents at risk of falls, wandering or negative interactions. These were reviewed on an ongoing basis.

Inspectors observed that staff implemented the principles of current moving & handling guidance when assisting residents to transfer.

Systems to support staff knowledge and implementation of best practice to ensure good infection prevention and control were in place.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that there were written operational policies in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents.

Medicines were supplied to the centre by a retail pharmacy business in a monitored dosage system that consisted of blister packed medication. Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked metal cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines.

Inspectors observed nursing staff administering medicines to residents during the evening administration rounds on one of the units. The nurse knew the residents well, and was familiar with the residents' individual medication requirements. Inspectors observed that the nurses took time to ensure each resident was comfortable before administering their prescribed medicines in a person centred manner. Medication was administered within the timeframes recommended for medications prescribed to residents at specific times.

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:

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

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:

There was evidence that the well being and welfare of residents was being maintained through the provision of a good standard of nursing medical and social care.

Evidence of timely referral and review by a range of medical and allied health professionals was found with documented visits, assessments and recommendations by dietician, and speech and language therapists, physiotherapy and occupational therapist reviews.

Residents were also reviewed by opticians, dentists and chiropody services on a regular and as required basis.

Samples of clinical documentation including nursing and medical records were reviewed. These showed that all recent admissions to the centre were assessed prior to admission. Transfer of information within and between the centre and other healthcare providers was good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were maintained.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident file reviewed had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also completed and assessments were in place for most identified needs.

A number of care plans referred to family involvement in the care planning process, where family were consulted for decision making or to seek and give information relating to the resident.

The systems in place to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health were implemented by the nursing team. Most care plans were found to be detailed enough to guide staff on the appropriate use of interventions to manage the identified need and the reviews considered the effectiveness of the interventions to manage and/or treat the need. In general nursing documentation was clear and co-ordinated. Risk assessments, care plans and nursing progress notes were linked and gave an overall picture of residents' current condition. Efforts to plan and deliver care in a person centred manner were also noted.

However, there were areas that needed to be improved. All care plans in place did not

fully guide staff. Examples included care plans in place for management of wounds. A sample checked showed that the care plans did not always reference how frequently the wound dressing should be changed, or the specific dressing treatment to be used. Where wound care charts were in place, these were not referenced on the wound care plan to fully direct staff on managing the wound. It was also found that specific care plans were not in place for some assessed needs such as: risk of falls; risk of aspiration; and low blood pressure.

Judgment:
Substantially 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):

Findings:

Curragh Lawn Nursing Home is a large house with a purpose-built extension to the side and rear. All resident accommodation is on the ground floor. Bedroom accommodation consists of 13 single rooms, two of which have en suite toilet and wash-hand basin, ten twin-bedded rooms, two with an en suite toilet, and one four-bedded room with wash-hand basin. There are six wheelchair assisted toilets and five wheelchair assisted bathrooms located throughout the building. Communal space consists of two sitting rooms and a dining room.

The premises were fully reviewed at the last registration inspection and no structural changes have taken place since then.

Residents' bedrooms were personalised with pictures photographs and home furnishings. Call bells were available in resident's bedrooms and communal rooms, grab rails and safe flooring facilitated safe mobilising and the centre was comfortably warm.

The maintenance both internal and external was of a good overall standard. Maintenance staff were observed on site at the centre. They attended to daily reports from staff and upkeep of the premises. The inspector found that the location of bathrooms and toilets although not en-suite were in close proximity to residents bedrooms. However, it was noted that all bathrooms and/or toilets did not have mechanical extraction ventilation, and malodours were noted in one or two during the inspection. The provider gave assurances that this would be remedied and informed the

inspector that ventilation units were ordered on the day following the inspection.

Assistive equipment was in place and available for use and in good working order, service records were up to date and maintenance contracts were in place.

All bedrooms were of sufficient size and layout for the residents, appropriately decorated and with adequate storage for belongings including lockable space for valuables. Privacy screening was in place in multi occupancy rooms.

Overall it was found that adequate private and communal space was provided and the design, layout and decor of the centre provided a comfortable and tastefully furnished environment for residents. The purpose and function of each room was identified and appropriate signage and cueing to support freedom of movement for residents with dementia was also found. Colour cueing was also used with deep colours on bedroom doors and bright yellow on bathroom and toilet doors.

There was a well maintained and secured external garden on the ground floor. The garden was nicely decorated and free of hazards. The area was fenced and secure from unauthorised entry.

Judgment:
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:

Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.

On review of the record of complaints there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

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:

Evidence that medical and clinical care was provided to residents receiving end-of-life or comfort care in a holistic and person centred manner was found. The person in charge told the inspector that the local palliative care team provided support and advice when required.

The inspector looked at the systems in place to manage end-of-life or comfort care. On review of care plans in place it was found that the will and preference of the resident in relation to spiritual support, ceremony and funeral arrangements were sought.

It was also found that resident's emotional, social and spiritual needs were fully met with chaplaincy; counselling or bereavement services available.

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:

Residents were provided with food and drink at times and in quantities adequate for their needs. A rolling menu was in place to offer a variety of meals to residents. Assistance was observed and was offered to residents in a discreet, patient and sensitive manner by all staff.

The dining experience was conducive to conversation. Staff engaged with residents in conversations about their family, local community events and a large variety of other topics. The hum of conversation, together with the elegant setting combined to make a fine dining experience for all residents.

Most residents took their meals in the dining room and tables were appropriately set with cutlery condiments and napkins. Residents spoken with all agreed that the food provided was always tasty hot and appetising. The main kitchen was located beside the dining room. Food was served directly from there by a team of staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. Residents on modified consistency diets also received the same choice of menu options as others. Lists of special diets, required by residents, were compiled on foot of the individual residents' reviews and copies were available in the main kitchen. The inspector met with the chef who knew residents dietary needs and their likes and dislikes. The chef was visible in the dining room chatting to residents, many of whom recognised him instantly and told him how they enjoyed the food.

Drinks such as water, milk, tea and coffee and fresh drinking water at all times were available.

Evidence of referral to relevant allied health professional including dietician or speech and language therapists was found and there was a system in place to monitor the intake of residents identified as at risk of malnutrition although inspectors were told no residents were identified as requiring same at the time of inspection.

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:

Some evidence that residents were consulted with and participated in the organisation of the centre was found. Overall, residents' rights, privacy and dignity was respected, with personal care delivered in their own bedroom or in bathrooms with privacy locks. Moreover, residents had the right to receive visitors in private. Resident meetings, were previously held monthly, where residents were consulted about future activities or outings and facilitated to give feedback on how the centre was run. However, residents gave feedback to the provider that indicated that residents found these meetings were held too frequently. Therefore, the meetings are now held on a quarterly basis.

There were no restrictions to visiting in the centre and the inspector observed a constant stream of visitors throughout the two day inspection. Visitors were provided

with tea and cake which they enjoyed as they chatted to their relatives. Some joined their loved ones each morning for breakfast.

Choice was respected and residents were asked if they wished to attend Mass or exercise programmes. Control over their daily life was also facilitated in terms of times of rising or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. The right to vote in national referenda and elections was facilitated with the centre registered to enable polling.

Staff were observed to interact with residents in a warm and personal manner, using touch, eye contact and calm reassuring tones of voice to engage with those who became anxious, restless or agitated. Inspectors also observed that where residents required supervision in communal areas that staff used these opportunities to engage in a meaningful and person centred way. Staff, including the provider and person in charge were observed to take time to chat to each resident about their family, how they were feeling, what they had read in the newspapers or to discuss local community news. For those residents who sat apart alone and did not fully participate, staff made time to sit with them, hold their hand or chat to them quietly to try to dispel loneliness or boredom and encourage communication.

There was a varied activities programme with arts and crafts, bingo, puzzle games, gardening and music included. There were also a mix of group and individual sessions including mini facials and hand massage. Therapies and activities to reflect the needs of those with dementia were also included such as reminiscence and sensory stimulation.

Feedback from residents and their relatives on the level of consultation with them and access to meaningful activities was generally positive. All those spoken too praised the staff for the cheerful and respectful manner in which they delivered care. Residents said staff were quick to respond to their call bells and regularly enquired if they were OK.

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:

There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents.

A policy on residents' personal property was in place and implemented using an inventory on clothes and valuables belonging to residents upon admission. In a sample of those reviewed these were updated.

Residents had access to a locked space in their bedroom if they wished to store their belongings.

There was a policy in place of residents' property in line with the Regulations and a list of residents' valuable property and furniture was maintained where required

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):

Findings:

Suitable and sufficient direct care staffing and skill mix were found to be in place to meet the needs of the current resident profile.

The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place. Cover for planned and unplanned leave was provided within the current staff complement. This also included availability of staff to cover unplanned absences on night shifts.

Records reviewed showed that staff had been provided with opportunities to receive updated training in areas such as: safeguarding; moving and handling; fire safety; diabetes; first aid; dementia care and food hygiene; pressure ulcer prevention; assessment and care planning and person centred care. Attendance records were also viewed.

Appropriate and respectful interactions were observed throughout the day between residents and staff. Overall it was noted that resident's dignity and choice was respected during care interventions and in their daily lives.

A formal staff appraisal system was established that discussed the continuous performance and training of staff with each staff member.

Effective staff supervision and development processes were in place and there was a strong emphasis on team spirit. Good recruitment processes were strictly followed and

the person in charge had completed an updated Garda vetting process for all staff who had been working in the centre for over three years. Identity checks were also conducted for all overseas staff recruited. The inspector verified that all nurses were registered with the Irish Nursing Board.

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:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Curragh Lawn Nursing Home
Centre ID:	OSV-0000029
Date of inspection:	18/10/2016
Date of response:	09/11/2016

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 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Systems in place did not ensure staff were fully familiar and competent in all aspects of the procedures to be followed in the event of a fire or an emergency evacuation. Fire alarm activations practiced by staff did not include all of the procedures to be followed including use of evacuation equipment such as evacuation sheets, or the principles of full evacuation.

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

1. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Currently we conduct weekly fire drills to ensure all staff are competent in Fire Management procedures. To further enhance our training, we have planned for two fire evacuation drills, one with day staff and one with night staff on 14 November 2016.

Once a month these Fire drills will now include timed simulated evacuation drills to improve the competency of the staff in implementing the individual evacuation plans and to use evacuation equipment such as evacuation sheets.

These drills will be timed, simulated, audited and learning from each event will be recorded and conveyed back to staff at team meetings.

Proposed Timescale: 14/11/2016

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:

Some care plans were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.

2. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

All Care Plans have been audited since the inspection and now contain the necessary interventions to consistently manage the identified needs of the Residents.

Proposed Timescale: 04/11/2016