

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Carlingford Nursing Home
Centre ID:	OSV-0000121
Centre address:	Old Dundalk Road, Carlingford, Louth.
Telephone number:	042 938 3993
Email address:	carlingford@arbourcaregroup.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cooley Nursing Home Limited
Provider Nominee:	Donal O'Gallagher
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	42
Number of vacancies on the date of inspection:	2

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
18 October 2016 09:30	18 October 2016 18:00
19 October 2016 09:00	19 October 2016 14:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Non Compliant - Moderate
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Non Compliant - Moderate

Summary of findings from this inspection

As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider's self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland (2016). The previous table outlines the centre's rating and the inspector's rating for each outcome.

The inspector met with residents and staff members during the inspection. The

journey of a number of residents with dementia within the service was also tracked. A validated observation tool was used to observe practices and interactions between staff and residents who had dementia. Documentation such as care plans, medical records and staff training records were reviewed.

Carlingford Nursing Home is purpose built and provides residential care for 44 people. Approximately 36% of residents have dementia.

The inspector found that improvements were required to the restraint policy in place, the completion of safety checks when restraint is in use and the assessments completed for the management of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Residents had a comprehensive assessment undertaken on admission and care plans were in place to meet their assessed needs, although some improvement was required to ensure that they were updated to reflect recommendations from allied health professionals and a resident's changing condition.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the Regulations. Staff were offered a range of training opportunities including a range of dementia specific training courses.

Further work was required to ensure that all residents were consulted regarding the organisation of the centre. While the results from the observations were encouraging, additional work is required to ensure that the majority of staff interactions with residents promote positive connective care.

In order to ensure the design and layout of the premises will promote the dignity, wellbeing and independence of residents with dementia, the provider needs to complete both the identified improvements and the planned actions in relation to the premises.

These are discussed further in the body of the report and the actions required are included in the action plan at the end.

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: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied healthcare. However, the arrangements to meet each resident's assessed needs were not consistently set out in an individual care plan nor were care plans consistently updated to reflect changing needs. In addition, end-of-life assessments were not consistently completed.

The inspector reviewed a sample of care plans and saw that in some cases they had not been updated to reflect the recommendations of various members of the multidisciplinary team. For example, the inspector saw that a resident had been referred to a speech and language therapist. Specific recommendations were made regarding the type of diet required. However, the care plan had not been updated to reflect this.

The inspector also noted that some care plans did not contain sufficient detail to guide staff. For example, one care plan reviewed stated that the resident was to be weighed either weekly or monthly. The inspector saw that it was done on a monthly basis.

Samples of clinical documentation including nursing and medical records were reviewed. The person in charge told the inspector that she had carried out a pre-admission assessment. However, this was not available in any plan reviewed.

A care plan was developed within 48 hours of admission based on each resident's assessed needs. The inspector saw that although some gaps were still evident, improvements had occurred to the documentation relating to care. The person in charge stated that this was an area where staff had put in a lot of work. There was documented evidence that residents and their families, where appropriate, were involved in the care planning process. In addition, there was a family communication section where discussions and information sharing was recorded.

The inspector reviewed a sample of care plans relating to clinical issues such as wound care and saw that assessments and person-centred treatment plans were in place.

Although some improvement was required, the inspector found that caring for a resident at end-of-life was regarded as an integral part of the care service provided. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. However, having reviewed a sample of care plans the inspector found that some residents had not been afforded the opportunity to outline their wishes regarding end of life. This information could inform practices to ensure that appropriate care and comfort are provided to address the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Residents were supported to enjoy the social aspects of dining. The menu provided a varied choice of meals to residents. The inspector saw that residents were given the choice as to where they wanted to eat their meals and this was respected and facilitated by staff. The dining room had recently been reconfigured and decorated to enhance the meal time experience. Residents who required support at mealtimes were provided with timely assistance from staff.

Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner. Residents spoken with told the inspector how much they enjoyed the meals and the choices available.

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed on a monthly basis thereafter. Residents' weights were also checked on a monthly basis or more frequently if required. Adequate choices were available for residents who required a modified consistency diet. The inspector also saw residents being offered a variety of snacks and staff regularly offered drinks to residents.

Systems were in place to prevent unnecessary hospital admissions including early detection and screening for infections. Transfer of information within and between the centre and other healthcare providers was found to be good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were seen.

General practitioners (GPs) visited routinely and there was a responsive out-of-hours service available to residents seven days per week. Evidence of access to medical and allied health professionals was found with documented visits, assessments and recommendations by dieticians, speech and language therapists and occupational therapists. Physiotherapy services were available on site. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes.

Medication practices reviewed were in line with best practice guidelines.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Although safeguarding measures were in place, improvement was required when restraint was in use and the management of behavioural and psychological signs of dementia (BPSD).

The inspector reviewed the use of restraint within the centre. Appropriate risk assessments were completed for residents using bedrails. However, safety checks were not consistently being carried out when restraint was in use, in line with national guidelines. The inspector noted some gaps in the documentation reviewed.

The inspector found that in some cases behavioural support plans were not in place for residents who had episodes of responsive behaviours relating to their medical diagnosis. Specific care plans were not in place for residents with behavioural and psychological signs of dementia and therefore possible triggers had not been identified. In addition, appropriate interventions were not documented. Action relating to this is included under Outcome 1.

Training had been provided to all staff and staff spoken with were knowledgeable about the residents. During the inspection staff approached residents with responsive behaviour in a sensitive and appropriate manner, and the residents responded positively to the techniques used by staff. Additional support and advice were available to staff from the psychiatry services.

There was a policy on, and procedures for, the prevention, detection and response to abuse. Staff had received training and this was confirmed by staff who spoke with the inspector and on reviewing the training records.

There were no volunteers attending the centre at the time of inspection.

Judgment:

Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that improvements were required to ensure that residents' privacy and dignity was respected. Some improvement was also required to ensure that all residents were consulted on a regular basis.

The inspector heard staff discussing details of a resident's care requirements in a public area. This was brought to the attention of the person in charge at the time. The inspector also saw that some toiletries were on a trolley that was brought outside each resident's room as care was being provided. The inspector saw that some were opened and in use. The inspector was concerned that instead of each resident having their own supply, communal shower gels and deodorants were in use. This was discussed with the person in charge who immediately removed the items from circulation.

The inspector also noted that sufficient screening was not available in shared rooms to ensure that each resident could undertake personal activities in private.

There was a residents' committee. Although meetings were not held on a regular basis, plans were already in place to address this. However, there was limited evidence that residents with dementia were included at this committee or if alternative arrangements were in place to ensure that they were consulted as regards the organisation of the centre.

The inspector observed staff interacting with residents in a courteous manner and respecting their privacy at appropriate times. Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. During the day residents were able to move around the centre freely.

The inspector was satisfied that residents' religious and civil rights were supported. Mass was celebrated on a weekly basis and there was an oratory located in the centre which provided a quiet space for residents to pray and reflect. Each resident had a section in their care plan that set out their religious or spiritual preferences.

Residents were conversant in current affairs and reported being afforded the opportunity to vote. In-house voting was available at the recent election and some residents preferred to return to their own locality to vote.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents. The observations took place in the day room and the dining room at lunch time. Observations of the quality of interactions between residents and staff for selected periods of time indicated that 34% of interactions demonstrated positive-connective care, 33% reflected task-orientated care while 33% indicated neutral care. Improvements were required in this area and these results were discussed with the staff who attended the feedback meeting.

Judgment:

Non Compliant - Moderate

Outcome 04: Complaints procedures

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was a policy and procedures in place for the management of complaints. The policy identified the nominated person to deal with complaints, as well as the person nominated to ensure that complaints are appropriately recorded and responded to.</p> <p>The centre maintained a complaints log, which the inspector examined during the inspection. Both verbal and written complaints were recorded, and these included details of each complaint, the investigation undertaken and the outcome of the investigation. The satisfaction of the complainant was also recorded in each instance.</p>
<p>Judgment: Compliant</p>

Outcome 05: Suitable Staffing

<p>Theme: Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector was satisfied that there were appropriate staff numbers and skill-mix to meet the assessed needs of residents taking into account the size and layout of the centre. All staff were supervised on an appropriate basis.</p> <p>There was a recruitment policy in place. The inspector reviewed a sample of staff files and found that they were complete.</p> <p>The inspector saw that a robust induction programme was in place for new staff which included a clinical competency assessment record appropriate to grade. There was also an orientation check list including a tour of the premises, use of assistive equipment and fire procedures. Appraisals also took place on a yearly basis and the inspector saw that when required areas for additional training by individual staff members were outlined.</p> <p>Up-to-date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty.</p> <p>The training records for all staff were reviewed and saw that a wide range of training was provided for staff including training in areas such as dementia, managing</p>

behaviours that challenge and infection control.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that some improvements were required to ensure that it was appropriate to the number and needs of the residents.

The inspector saw that there was one three-bedded room in the centre. The beds were in a row on one side of the room. The inspector found that the size and layout of the room was not appropriate to meet the needs of the residents occupying the room. For example, the inspector noted that one resident required the use of a hoist. To enable this, staff had to move the middle bed out of the way to manoeuvre the hoist into position. In addition, the inspector noted that there was insufficient space between the beds to allow each resident to have their chair in that position. There were only two chairs in the room at the time of inspection. One chair was beside a bed but the other was located at the end of the bed as there was insufficient space beside that bed. The middle bed did not have sufficient space on either side to accommodate a chair.

The inspector also saw that there was a small television which was placed on top of the wardrobe and could not be seen by all residents.

In addition, the inspector noted that some of the furniture in this room and in other rooms was old, and the surfaces were worn which posed a risk as they could not be sufficiently cleaned. Some floor covering in other rooms was also in need of repair or replacement.

The inspector read the statement of purpose and noted that it described rooms as 'large, bright and fully furnished to an excellent standard'.

The inspector met the provider nominee and walked around some areas of the centre to discuss the necessary improvements. A planned renovation was already underway and the inspector saw that some areas had been refurbished to a high standard. The inspector asked that a priority list be put in place to work through the required improvements.

As described at previous inspections, the centre is a single-storey building with 33 single bedrooms with en-suite, three twin bedrooms with en-suite facilities, one twin bedroom

with wash-hand basin and a triple bedroom with wash-hand basin. In addition there is an assisted bathroom.

There are a couple of communal rooms including a spacious room, which is also used for recreational activities and events and a visitors' room where residents can have a meeting in private. A large foyer area was furnished with comfortable seating. The person in charge discussed plans to make this area more welcoming as currently it was underused. There are seating alcoves around the building.

Other facilities include laundry rooms, a treatment room, sluice room, cleaning rooms and an oratory.

Catering staff prepare residents' food and meals in the main kitchen located next to a large dining room. There is also a separate kitchenette should residents or relatives wish to make a meal or snack. Staff facilities are provided.

Externally there was a well-maintained and much-used internal courtyard garden as well as grounds to the front and side of the building. Adequate parking was available.

The person in charge discussed plans to make the centre more dementia friendly. Some of this had already been implemented such as changing a particular wall to a more inviting colour. Signage had been ordered and the inspector saw that this would benefit residents with orientation.

Other plans include reviewing the toilet and shower areas with a view to providing contrasting colour schemes.

Judgment:

Non Compliant - Moderate

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:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Carlingford Nursing Home
Centre ID:	OSV-0000121
Date of inspection:	18/10/2016
Date of response:	18/11/2016

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

The arrangements to meet each resident's assessed needs were not consistently set out in an individual care plan.

Care plans were not consistently updated to reflect changing needs.

Specific care plans were not in place for residents with behavioural and psychological signs of dementia and therefore possible triggers had not been identified. In addition,

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

appropriate interventions were not documented.

1. 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 were reviewed within the last 3 months and a new system of putting them on a computer system is complete. All care plans will be reviewed as required within the next 3 months and any gaps identified corrected.

Some recent professional assessments had not been updated onto the residents care plans immediately upon receipt. This will be done immediately upon receipt on future occasions.

Assessments were completed under the Cohen Mansfield behavioural tool. It is recognised that there are better and more comprehensive tools available and we will identify a new tool for these assessments and identification of triggers and implement same.

Proposed Timescale: 31/01/2017

Theme:

Safe care and support

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

Assessments regarding end-of-life priorities of care were not consistently carried out.

2. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

Every effort will be put in place to ensure that All residents end of life preferences are recorded. Where residents are not in a position to offer their preferences family members will be consulted and in the absence of family members Sage will be requested to assist if it is possible to do so.

Proposed Timescale: 31/12/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Safety checks were not consistently documented when restraint was in use.

3. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Staff members have been made aware of the importance of signing the safety check form every day following their shift. This will be audited daily by the senior nurse each morning to ensure that there will not be gaps again.

Proposed Timescale: 25/11/2016

Outcome 03: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

Adequate screening was not available in shared rooms.

A resident's care requirements were discussed in a public area.

4. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Additional screening has been installed in the 3 identified twin rooms.

Reminders to all staff as to their responsibility regarding the discreet discussion of resident's immediate requirements have been issued.

Proposed Timescale: 04/11/2016

Theme:

Person-centred care and support

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

There was limited evidence that residents with dementia were included at the residents' committee or if alternative arrangements were in place to ensure that they were consulted as regards the organisation of the centre.

5. Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

The views of all Residents are encouraged, regularly sought and acted upon at residents committee meetings.

To further strengthen this we have requested that Sage assist through acting on behalf of residents with a dementia.

Family members are encouraged to offer their views also through discussions with the management team and the staff. However, residents meeting are for residents and where in the past family members attended it took from the effectiveness of the Residents Committee. Where a resident suffers from a dementia their families are of course welcome to attend the residents committee meetings to advocate on the residents behalf.

Proposed Timescale: 31/12/2016

Theme:

Person-centred care and support

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

Some communal toiletries were in use.

6. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

This practice was discontinued immediately during the inspection. Each resident have their own toiletries for their exclusive use.

Proposed Timescale: 19/10/2016

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

One three bedded room did not meet the needs of the residents accommodated there.

7. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

The three bedded room identified does meet the recommended size to accommodate three residents.

Some improvements have been identified to ensure that the use of the space in the room will better serve all of the normal and expected needs of each resident. A reorganisation of each residents designated space will contain the required furniture and facilities.

Some new furniture has been ordered and additional chairs and T.V.'s will be installed promptly. A program for the complete replacement of the furniture is planned.

Proposed Timescale: Immediate & 31st March 2017

Proposed Timescale: 31/03/2017

Theme:

Effective care and support

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

Some of the furniture was worn.

Some of the floor covering was in need of repair or replacement.

8. 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:

There is a program of continuous improvement and capital expenditure in place in the nursing home. Identified improvements are prioritised and then planned over the course of each year. Two of the identified areas have already been attended to. The flooring in 2 rooms has been replaced and some bed side lockers have been ordered. Identified bed rails that were worn have been removed.

In January we will be drafting our list of planned improvements for 2017 and work will be on-going with action taken each month.

Proposed Timescale: 31st January 2017 and On-going

Proposed Timescale: 31/01/2017