

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Costello's Care Centre
<b>Centre ID:</b>	OSV-0000333
<b>Centre address:</b>	Ballyleague, Lanesboro, Roscommon.
<b>Telephone number:</b>	043 332 1361
<b>Email address:</b>	costellosnursinghome@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Costello's Nursing Home Limited
<b>Provider Nominee:</b>	Shay Costello
<b>Lead inspector:</b>	PJ Wynne
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	27
<b>Number of vacancies on the date of inspection:</b>	1

## 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 to inform a registration renewal 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:
06 September 2016 09:00	06 September 2016 18:30
07 September 2016 09:40	07 September 2016 13:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	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	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

The centre can accommodate a maximum of 28 residents who need long-term care,

or who have respite, convalescent or palliative care needs. The inspector reviewed progress on the action plan from the previous inspection carried out in March 2016. All areas identified for improvement in the action plan of the last inspection were satisfactorily completed on review during this visit. Notifications of incidents received since the last inspection were assessed on this visit.

The person in charge was fully involved in the management of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met. Staff supported residents to maintain their independence where possible. The premises, fittings and equipment were clean, well maintained and decorated.

The inspector found a good standard of evidence-based care and appropriate medical and allied health care access. Residents spoken with stated that they felt safe in the centre. The building was comfortably warm. A range of activities was facilitated by an activity coordinator.

A number of questionnaires from residents and relatives were received prior to the inspection and the inspector spoke to residents during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Thirteen outcomes were judged as compliant with the regulations and five outcomes as substantially in compliance with the regulations. The action plan at the end of this report identifies these and other areas where improvements must be made to meet 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.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

***Outcome 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose detailed the aims, objectives and ethos of the centre. It outlined the facilities and services provided for residents and contained all information in relation to the matters listed in schedule 1 of the regulations.

The provider understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of 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):**

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

**Findings:**

The inspector found that there was a clearly defined management structure that

identifies the lines of authority and accountability, specifies roles and details responsibilities for the areas of care provision. This was outlined in the statement of purpose.

There were systems in place to capture statistical information in order to review the quality of care and identify trends for areas of improvement. A system of audits is planned to include clinical data, environmental matters and document control management.

The action plan from last inspected was completed to focus on key quality indicators for example, the usage of psychotropic or night sedative medication. This audit was completed with the pharmacist. Recommendations for trial were identified to ensure enhanced individual outcomes for residents.

There was evidence of consultation with residents and their representatives in a range of areas, for example, the assessed needs of residents, the care planning and review process and involvement in social and recreational activities.

Interviews of residents and relatives during the inspection were positive in respect of the provision of services and care provided.

**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:**

There was a residents' guide developed containing all the information required by the regulations. This detailed the visiting arrangements, the term and conditions of occupancy, the complaints procedure and a copy of the most recent inspection report by HIQA. Copies were available in each resident's bedroom.

The contract of care included details of the services to be provided and the fees payable by the residents. Expenses not covered by the overall fee and incurred by residents for example, chiropody, activities and escort to appointments were identified and outlined in the contract of care. However, residents admitted for short term care did not have an agreed contract in place outlining the terms and conditions of their occupancy.

While the contract specified the bedroom number to be occupied it did not clarify whether the bedroom was single or twin occupancy.

**Judgment:**  
Substantially Compliant

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

**Theme:**  
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The centre was being managed by a suitably qualified and experienced nurse who meets the criteria required by the regulations in terms of qualifications and experience.

During the inspection she demonstrated that she had knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre. She is supported in her role by a clinical nurse manager who had a good knowledge of each resident's specific care needs.

The person in charge is additionally supported by a team of care assistants, administration, maintenance, kitchen and housekeeping staff, who report directly to her.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

**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):**

**Findings:**

The documentation to be kept at the designated centre was available for inspection and well maintained.

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were available. A sample of records were reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care, as well as the centre's statement of purpose.

A record of visitors was maintained. The directory of residents contained the facility to record all information required by schedule three of the regulations. However, the details of the most recent transfer of a resident to hospital were not updated in the directory.

The centre's insurance was up to date and a certificate of insurance cover was available.

A sample of staff files were reviewed and found to be compliant with the regulations.

The inspector also reviewed operating policies and procedures for the centre, as required by Schedule 5 of the regulations. Policies listed in Schedule 5 were in place, including those on health and safety of residents, staff and visitors, risk management, medication management, end of life care, management of complaints and the prevention, detection and response to abuse. Policies read had been reviewed by the person in charge and were maintained up to date.

**Judgment:**

Substantially Compliant

***Outcome 06: Absence of the Person in charge***  
***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Management arrangements were in place and described in the event of any unexpected absences.

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

A key senior manager is notified to HIQA to deputise in the absence of the person in charge.

**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):**

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

**Findings:**

Measures were in place to protect residents. There was a policy and supporting documents which provided guidance for staff to protect vulnerable adults. The management team demonstrated their knowledge of the designated centre's policy. They were aware of the necessary referrals to external agencies including the Health Service Executive (HSE) adult protection case worker.

One notifiable adult protection incident which is a statutory reporting requirement to HIQA had been reported in the past year. Responsive action was undertaken by the person in charge as evidenced on the previous inspection.

The training records identified that staff had opportunities to participate in training in the protection of vulnerable adults. There was an ongoing program of refresher training in safeguarding of vulnerable adults in place.

The financial controls in place to ensure the safeguarding of residents' finances were examined by the inspector. Transparent systems were in place. The centre's management team was not an agent to manage a pension on behalf of any resident. There was a policy outlining procedures to guide staff on the management of residents' personal property and possessions. A petty cash system was in place to manage small amounts of personal money for residents. A record of the handling of money was maintained for each transaction. Two signatures were recorded for each transaction.

During conversations with the inspector residents confirmed that they felt safe in the centre due to the support and care provided by the staff team. Residents spoken with stated "I chose to come here and the staff are the best" "I am well looked after and the nurses and carers are great", "I know all the staff well and they are very kind". Access to the centre was secured with a coded key pad. Following the submission of a statutory notification and learning from an incident review, management confirmed the access code is changed in the interest of safety to residents and visitors.

Policies and procedures were in place in relation to responsive behaviours and use of restraint. Because of medical conditions, some residents showed behavioural and psychological signs of dementia (BPSD). The inspector saw that specific details such as possible triggers and interventions were recorded in their care plans. Staff spoken with were very familiar with appropriate interventions to use. Behaviour logs were available to detail episodes of BPSD. These were reviewed for possible trends and to inform care interventions. During the inspection staff approached residents in a sensitive and appropriate manner to which residents responded positively.

Staff had received training in responsive behaviours, which included caring for older people with cognitive impairment or dementia. Four staff were scheduled to attend additional training on dementia care facilitated by an external trainer at the end of September 2016.

Restraint management procedures (the use of bedrails) were in line with the national policy guidelines on promoting a restraint free environment. The actions from the previous inspection in relation to restraint management were satisfactorily completed. A restraint risk assessment is now completed when a resident requests the bedrail is raised for use as an enabler. The restraint risk assessment tool was reviewed to take cognisance of a broader range of issues to ensure it was safe to use bedrails.

At the time of this inspection there were nine residents with two bedrails raised. Five were considered an enabler and four a restraint measure in the best interest of the resident's safety. A risk assessment was completed prior to using bedrails in each sample reviewed. Signed consent was obtained. There was evidence of multi disciplinary involvement in the decision making process. Restraint risk assessments were revised routinely and supported with a plan of care.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***

***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

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

**Findings:**

The centre had policies and procedures relating to health and safety. The health and safety statement and risk management policy included all matters set out in regulation 26.

Policies for infection control and prevention, absconding, incident reporting, smoking and fire safety with supporting protocols were also available and implemented in practice.

There were policies and procedures in place for responding to major incidents to include serious disruption to essential services or the emergency evacuation of the centre if deemed necessary.

Suitable arrangements were in place in relation to promoting fire safety. The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures. Fire safety and response equipment was provided. A personal emergency evacuation plan was completed for each resident. Fire exits were identifiable by illuminated signage. Corridors were clear of equipment and exits were unobstructed to enable means of escape. The fire alarm system was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis.

Routine checks were undertaken to ensure fire exit were unobstructed, automatic doors closer were operational and fire fighting equipment was in place and intact.

Staff had completed training in fire safety evacuation procedures. Records indicated fire drill practices were completed. However, the procedures to complete and record fire drills requires review. While the date, time and number of staff was documented, the fire drill records did not record the scenario/type of simulated practice, to include the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

There were procedures in place for the prevention and control of infection. Hand gels were located along the corridor. Audits of the building were completed at intervals to ensure the centre was visibly clean. There were a sufficient number of cleaning staff rostered each day of the week. There was a colour coded cleaning system to minimise the risk of cross contamination. A separate sluice and cleaning room was provided as required from the action plan of the previous inspection.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified to include the type of hoist and sling size. These were documented and available for reference by staff in the hoist storage area.

Falls were documented. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a

resident sustained an unwitnessed fall or a suspected head injury. Audits of fall in care were completed at three monthly intervals to identify any pattern. However, a post incident review was not completed in the immediate aftermath of a fall to identify any contributing factors for example, changes to medication or onset of an infection. One incident near/miss event while well documented in the daily nursing notes was not recorded in the accident/incident book.

Hand testing indicated the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Access to work service areas to include the kitchen, sluice rooms and stairwells was secured in the interest of safety to residents and visitors. Restrictors were fitted to windows.

There was a contract in place to ensure hoists and other equipment to include electric beds and air mattresses used by residents was serviced and checked by qualified personnel to ensure they were functioning safely.

**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:**  
Policies and procedures were in place to guide staff in the management of residents' medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines. Practices were satisfactory to ensure each resident was adequately protected by all medication management procedures.

All medication was dispensed from blister packs. These were delivered to the centre on a monthly basis by the pharmacist. On arrival, the prescription sheets from the pharmacist were checked against the blister packs to ensure all medication orders were correct for each resident. The blister packs had different colour codes for each medication round and the MARS (medication administration recording sheet) was colour coded correspondingly.

Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error in the sample reviewed. The prescription sheets reviewed were legible. The maximum amount for (PRN) medication (a medicine only taken as the need arises) was indicated on the prescription sheets examined.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Alternative liquid or soluble forms of the drugs were sought where possible through consultation with the pharmacy. Drugs were being crushed for six residents at the time of this inspection. Medications were signed by the GP as suitable for crushing.

Medicines were being stored safely and securely in the clinic room which was secured. The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with relevant regulations. At the time of this inspection one resident was being administered controlled drugs. The inspector examined medicines available and this corresponded to the register.

**Judgment:**  
Compliant

***Outcome 10: Notification of Incidents***

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

**Theme:**  
Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed a record of incidents or accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. Quarterly notifications had been submitted to HIQA as required.

One incident identified as a statutory notification was not submitted. This was discussed with the management team. The person in charge immediately submitted the required notification retrospectively.

**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):**

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

**Findings:**

There were 26 residents in the centre during the inspection and one resident in hospital. There were eight residents with maximum dependency care needs. Five residents were assessed as highly dependent and ten had medium dependency care needs. Four residents were assessed as low dependency. Residents were in advanced old age with many complex medical conditions. Thirteen of the residents had either a confirmed or suspected diagnosis of dementia, cognitive impairment or Alzheimer's disease.

The arrangements to meet residents' assessed needs were set out in computerised care plans since the last inspection. There was a good emphasis on personal care and ensuring the physical care needs of residents were met.

Assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and continence needs.

There were plans of care in place for each identified need. In the sample of care plans reviewed there was evidence care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative in all care plans reviewed. Care plans were person-centred, individualised and described well the current care to be given. There was good linkage between risk assessments and care plans.

One resident was accommodated for short term care. A comprehensive assessment was completed on admission and care plans were in place. However, the resident did not have a discharge care plan completed to guide staff in their rehabilitative goals and ensure a safe discharge.

There were two residents with wounds being dressed. Care plans, wound assessment records and comments on progress were available. One resident had been reviewed by a clinical nurse specialist in wound care and had attended a wound clinic. The resident was awaiting an appointment for a vascular review.

A range of suitable equipment was provided to ensure pressure relief and residents' comfort to include air mattresses and suitable cushions. Care staff repositioned residents who required assistance at suitable intervals to protect skin integrity.

The nursing and medical care needs of residents were assessed and appropriate interventions or treatment plans were implemented. Residents had timely access to

allied health professionals to include speech and language therapy and dieticians. Residents were reviewed by the GP within a short time frame of admission to the centre.

Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. Referrals were made to the consultant psychiatrist to review residents and their medication to ensure optimum health.

**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):**

No actions were required from the previous inspection.

**Findings:**

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely manner. The premises takes account of the residents' needs and abilities, and was maintained in line with Schedule 6 of the regulations.

The building was well maintained, warm, comfortably decorated and visually clean. There is a spacious sitting room available for use by residents and a smaller quiet space located in the corner from the dining room. The dining room is suitable in size to meet residents' needs and is located off the kitchen. Two separate sittings are accommodated at each meal time. Other facilities include a visitors' room, an oratory, smoking room and hair salon

Bedrooms accommodation comprises of 16 single and ten twin bedrooms. Bedrooms are adequate in size and equipped to meet the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed. Suitable lighting was provided and switches were within residents reach.

There were a sufficient number of toilets, baths and showers provided for use by residents. There are toilets were located close to day rooms for residents' convenience.

Staff facilities were provided. Separate toilets facilities were provided for care and

kitchen staff in the interest of infection control. Suitable storage arrangements were available throughout the centre.

Residents had access to a safe enclosed external garden.

**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:**

There was a written operational policy and procedure relating to the making, handling and investigation of complaints. The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise.

The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position. Residents and relatives that communicated with the inspector said they were aware of the process and identified the person whom they would communicate with if they had an issue of concern.

One complaint was referred to the office of the Ombudsman. The resolution and protocols provided by the centre was upheld in relation to the matter raised.

Records of investigation details into the matters complained of and actions taken on foot of a complaint were recorded in addition to and distinct from a resident's care records. The complaints records detailed the outcome of any issue raised and the complainants satisfaction with the outcome.

**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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> There was an end-of-life care policy detailing procedures to guide staff. The policy of the centre is all residents are for resuscitation unless documented otherwise. Twenty of the residents have a do not attempt resuscitation (DNAR) status in place.</p> <p>Resident's end-of-life care preferences or wishes are identified and documented in their care plans. In some cases very specific information was discussed with staff and documented regarding their personal and spiritual preferences.</p> <p>The system to ensure residents with a DNAR status in place have the status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis requires review. Some of the DNAR's have not been reviewed in the past 18 months.</p> <p>Decisions concerning future healthcare interventions were outlined. Resident's preferences with regard to transfer to hospital if of a therapeutic benefit were documented in end-of -life care plans. The wishes of residents who did not wish to discuss end-of-life care were respected and detailed in care plans.</p> <p>The management team confirmed they had good access to the palliative care team who provided advise to monitor physical symptoms and ensure appropriate comfort measures. There were two residents under the care of the palliative team at the time of this inspection.</p>
<p><b>Judgment:</b> Substantially Compliant</p>

<p><b><i>Outcome 15: Food and Nutrition</i></b> <b><i>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.</i></b></p>
<p><b>Theme:</b> Person-centred care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> Each resident was provided with fresh food and drinks at times and in quantities adequate for their needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive</p>

manner.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. Kitchen staff were provided with an up to date list of each resident's dietary requirements.

Monitoring of residents' food intake and fluid balance were completed when required. Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by the GP and administered accordingly.

Access on referral to a speech and language therapist was available when required. The inspector observed practices and saw that staff were using appropriate techniques when assisting residents with their meals.

Meals were an unhurried social experience with appropriate numbers of staff available to support residents. There was a good level of independence observed amongst the resident profile at mealtimes. There were two separate sittings. Five residents require full or partial assistance with their meals. The majority of residents attended the dining room for both their dinner and evening meal. Two residents were provided with plate guards to support themselves to eat independently.

The food provided was appropriately presented and sufficient in quantity for each resident. Residents who required their meal in altered consistencies had the same choices as other residents. In addition these were served attractively. Snacks and drinks were readily available. Residents spoken with were highly complimentary of the food.

**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:**

There was evidence that residents were consulted with and had opportunities to participate in the organisation of the centre. A residents' forum was facilitated and the

group met on a regular basis.

Access to information in relation to independent advocacy services was available to residents. Residents' independence and autonomy was promoted. For example, the inspector saw residents choosing to participate in activities or not. In the main, residents were able to make choices about how they lived their lives in a way that reflected their individual preferences or abilities.

The inspector saw that residents' privacy and dignity was respected. Personal care was provided in their bedrooms with doors closed. Residents could receive visitors in private. Residents were facilitated to engage in hobbies that interested them such as reading newspaper, quizzes, bingo games and music.

Respondents who completed questionnaires confirmed that residents were treated with respect and were safe. The general consensus was that staff informed them or their relatives' of their health care needs and any changes in their health.

**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 personal clothing, and the safe return of clothes to residents. Residents and relatives were satisfied with the arrangements in place.

A property list was completed with an inventory of all residents' possessions on admission. The property list was updated at regular intervals and maintained on the inside of each wardrobe door.

**Judgment:**  
Compliant

***Outcome 18: Suitable Staffing***  
***There are appropriate staff numbers and skill mix to meet the assessed needs***

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

**Theme:**  
Workforce

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

The inspector examined the staff duty rota, communicated with residents and relatives. During this inspection staffing levels on each work shift, skill mix and supervision arrangements were adequate to meet the needs of residents.

Staff who communicated with the inspector confirmed that they were supported to carry out their work by the provider and person in charge.

There was evidence that staff had participated in training relevant to their role and responsibility. Staff demonstrated their knowledge in a number of areas for example, infection-control, safeguarding and fire safety.

A recruitment procedure was described and the policy was in place in accordance with the regulations. A sample of staff files was examined and found to contain all of the relevant documents. A record was maintained of staff nurses' current registration details with their professional body.

The inspector saw that arrangements for supervision and development of staff were in place. These included induction training, probationary period and professional development training.

**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:***

PJ Wynne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	Costello's Care Centre
<b>Centre ID:</b>	OSV-0000333
<b>Date of inspection:</b>	06/09/2016
<b>Date of response:</b>	26/10/2016

### 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 03: Information for residents

#### Theme:

Governance, Leadership and Management

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

Residents admitted for short term care did not have an agreed contract in place outlining the terms and conditions of their occupancy.

While the contract specified the bedroom number to be occupied it did not clarify whether the bedroom was single or twin occupancy.

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

**1. Action Required:**

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

All Resident's who are admitted to this Home, even if only in a short-term capacity or under Transitional Care Funding, will now be given a Contract of Care as per regulations, irrespective of length of stay / type of funding.

All other Contracts of Care are currently being amended to the specific request, clarifying whether the Resident's room has a single or double/twin occupancy.

**Proposed Timescale:** 31/12/2016

**Outcome 05: Documentation to be kept at a designated centre****Theme:**

Governance, Leadership and Management

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

The details of the most recent transfer of a resident to hospital were not updated in the directory.

**2. Action Required:**

Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

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

This was amended immediately. Regular auditing of the register continues to be undertaken and omissions noted are rectified as a result.

**Proposed Timescale:** 25/10/2016

**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:**

A post incident review was not completed in the immediate aftermath of a fall to identify any contributing factors for example, changes to medication or onset of an infection.

One incident near/miss event while well documented in the daily nursing notes was not

recorded in the accident/incident book.

**3. Action Required:**

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

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

A post fall review template has been sourced and is now in use following each fall, in conjunction with the current system of reviewing the falls risk assessment, falls diary, G.P review and review of care-plan/s.

**Proposed Timescale:** 25/10/2016

**Theme:**

Safe care and support

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

The procedures to complete and record fire drills requires review. While the date, time and number of staff was documented, the fire drill records did not record the scenario/type of simulated practice, to include the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

**4. Action Required:**

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

We are currently reviewing our fire drill training procedures with our fire prevention company, to address filling this deficit. We have already implemented some improvements to this end.

**Proposed Timescale:** 30/11/2016

**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:**

Residents admitted for short term care did not have a discharge care plan completed to guide staff in their rehabilitive goals and ensure a safe discharge.

**5. 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:**

Prior to each Resident being discharged, our team always makes contact with G.P, P.H.N and all other relevant members of the M.D.T and next of kin, to effectively plan for discharge. This is documented in their nursing notes. We are in the process of introducing a care-plan for same.

**Proposed Timescale:** 30/11/2016

**Outcome 14: End of Life Care****Theme:**

Person-centred care and support

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

Some DNAR's status' had not been reviewed in the past 18 months.

**6. 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:**

We are now reviewing DNAR statuses' 6 monthly in conjunction with individual case conferences.

**Proposed Timescale:** 31/12/2016