

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Carna Nursing and Retirement Home
Centre ID:	OSV-0000398
Centre address:	Carna, Connemara, Galway.
Telephone number:	095 328 54/327 39
Email address:	info@carnanursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Michael Casey and Sally Casey Partnership T/A Carna Nursing and Retirement Home
Provider Nominee:	Michael Casey
Lead inspector:	Marie Matthews
Support inspector(s):	Gearoid Harrahill
Type of inspection	Announced
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	11

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 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:
12 April 2017 15:00	12 April 2017 19:00
13 April 2017 09:30	13 April 2017 15:30

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

Summary of findings from this inspection

This announced inspection was completed by inspectors from the Health Information and Quality Authority (HIQA) in response to an application by the provider to renew the registration of the designated centre. As part of the inspection, the inspectors met with residents, relatives and staff members, observed practices and reviewed documentation such as care plans, accident logs, policies and procedures. In addition, residents and relatives had submitted questionnaires prior to the inspection.

Overall, positive comments were made about the service.

The inspectors assessed compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards of Residential Care Settings for Older People in Ireland.

Overall, the inspectors found that residents were well care for and their health and social needs were met. The provider is a local GP and most residents admitted to the centre were well known to the provider. Residents were supported by a range of allied health professionals.

There were suitable governance arrangements in place with clear lines of authority and management systems to ensure the quality and safety of care provided to residents. The centre is located with a small close community and the staff were very familiar with residents' health and social care needs.

Residents were afforded choice as to how they went about their day and were consulted with about the running of the centre. They were provided with access to an independent advocate. There was a complaints procedure in place and information was available in Irish.

There was an adequate staff number levels to meet the residents' assessed needs during the day however inspectors requested a review of the skill mix of staff at night-time.

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 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 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:

There was a written statement of purpose and function for the centre. It included the information required under Regulation 3 and Schedule 1 of the regulations.

The statement of purpose outlined the aims, mission and ethos of the service. It provided a clear and accurate reflection of facilities and services provided.

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:

There was a clearly defined management structure in place and systems were established to ensure the safety and quality of care of residents living in the centre.

The provider is a local General Practitioner who lives in the area. The residents and staff confirmed that he is in the centre on a daily basis. The day to day operation of the

centre was managed by the person in charge who was responsible for clinical matters and a general manager who looked after operational issues.

The person in charge showed the inspectors minutes of regular staff meetings of all grades of staff and of management meetings with the general manager. While the inspectors' saw minutes of management meetings, the providers name was not recorded as been present at these meetings.

There were appropriate systems in place to monitor the quality and safety of care provided to residents. The inspector read a sample of audits completed in 2016. The audits covered a range of key clinical areas such as care plans, falls, wound care, weight management, pain management, restrictive practices, medicine management, and complaints.

The general manager had also completed audits of the environment, fire safety systems, maintenance and finances. An annual report summarising the reviews of safety and quality of care in 2016 was completed and had been made available to residents. This was an action from the last inspection .

Judgment:

Substantially Compliant

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a residents' guide which described the facilities and services available in the centre. Information about the centre and its procedures was available in both Irish and English.

Each resident had a written contract of care signed in agreement with the provider which clearly stated the regular fee payable, the resident's contribution and the services to be provided under that fee. There was a schedule of services facilitated by the provider that would incur a separate charge. While the contracts of care outlined the terms of residency, they did not specify if the room to be occupied was a single or shared room.

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 inspector was satisfied that the centre was managed by a Director of Nursing who worked full time and who was a registered nurse with experience in care of older people.

The person in charge was a suitably qualified and experienced manager. She had worked at the centre for 9 years and was experienced in the area of care of older people.

The person in charge was knowledgeable regarding the health and social care needs of the residents. It was evident to the inspectors that she very familiar with the residents and was observed stopping to spend time and talk with residents during the inspection. The residents and family members told the inspector that the person in charge was readily available to them.

The person in charge had completed a management course post registration. She was supported in her role by a Assistant Director of Nursing and by a General Manager.

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):

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

Findings:

The centre had met its action from the previous inspection and maintained a directory of residents which was clear, detailed and up to date, including the required information on recent admission and on those who had deceased or transferred to hospital.

As referenced under Outcome 18, a sample of personnel files reviewed contained all information required under Schedule 2 of the regulations.

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:

There were appropriate contingency plans in place to manage any absence of the person in charge. An Assistant Director of Nursing deputised for the person in charge in her absence and the person in charge told inspectors they ensure holidays are not taken at the same time.

The provider was aware of the requirement to notify HIQA of any proposed absence of the person in charge for a period of more than 28 days.

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:

Measures to protect residents being harmed or suffering abuse were in place. A policy and procedures for the prevention, detection and response to allegations of abuse was in place. Inspectors verified that staff had received training in adult protection to safeguard residents and to protect them from harm and abuse.

Residents spoken with and those who had completed questionnaires reported that they felt safe in the centre. Staff spoken to could describe the types of abuse that may occur and the reporting procedures that would be followed in the event of a suspicion of abuse.

Residents had the option of storing small items and petty cash with the management. These were kept securely and a record of all incoming and outgoing transactions was maintained. All transactions were signed by two staff members. Inspectors reviewed a selection of monies stored for residents and found that the records kept corresponded to the contents stored. The centre also acted as a pension agent for some residents and transparent records were maintained of all financial transactions.

There was a visitors' record located at reception of the centre to monitor the movement of persons in and out of the building. This was observed by inspectors to be signed by visitors entering and leaving the building. The centre was further protected by closed circuit television cameras at entrance and exit points.

Inspectors saw that a restraint register was maintained. 16 residents had bedrails in place on their beds. Inspectors reviewed a sample of care plans and saw that a risk assessment was completed to determine the suitability of the restraint for the resident before implementing the restraint and alternatives such as low-low beds and bed alarms were tried prior to the use of the restraint measure. There was evidence of hourly checks on residents at night to ensure their safety.

Some residents had behavioural and psychological signs associated with their dementia (BPSD). The inspectors read a sample of care plans and saw that efforts were being made to identify and alleviate the underlying causes of residents' behaviour and any possible triggers were identified and recorded.

Monitoring charts were used to help the staff to identify what might trigger the behaviours and the staff spoken with were familiar with the appropriate interventions to use. The behaviour support plans reviewed by the inspectors had both proactive and reactive interventions identified to help ensure residents with behaviours were supported and their anxieties reduced.

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):

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

Findings:

The centre had a Health and Safety statement and emergency plan for procedures to follow in the event of a fire, gas leak, flood or power failure. Steps for responding to fire were posted in the centre and each bedroom had a simple and clear personal emergency evacuation plan (PEEP) for the residents, identifying the level of mobility assistance required to evacuate each person, with notes on cognitive understanding or required verbal prompts. These PEEPs were also collated in the day rooms.

Fire drills were taking place in the centre to help evaluate the centres evacuation procedures and the general manager maintained a log of each drill, the date and time it occurred. Notes were also recorded on how the staff responded. The manager separately simulated a fire evacuation with the staff on night duty to assure himself that they were familiar with the evacuation procedures. This was done without triggering the alarm in order not to disturb residents.

The centre doors are equipped with magnetic holdback mechanisms which disengage when the fire alarm is activated to contain any smoke and the spread of fire. These mechanisms, escape routes, fire doors, and emergency lighting were checked on a regular basis with these checks were recorded in the fire register. The dates were logged and any faults or issues identified and rectified. Certification was available to evidence servicing of fire-fighting equipment, the alarm system and flame-resistant upholstery by external companies.

The centre's fire policy identified that fire safety training was mandatory and required annually. However, the training records reviewed by inspectors identified that nineteen members of staff were over due training since the beginning of April 2017 and fire safety training was not scheduled to take place until June 2017. This finding was also identified on the previous inspection. The matter was brought to the attention of the general manager and on the second day of the inspection, inspectors were provided with email correspondence confirming that an earlier session has been arranged for the following week. The provider was requested to confirm that this training had taken place and that all staff had completed fire training in the last year as required in the regulations.

The centre maintained a policy on risk management and this included all the risk areas identified in the regulations. This had been an action required from the previous inspection. There was a centre-specific risk assessment folder which identified the hazards associated with the centre and included risks such as trips and slips, smoking, kitchen equipment and the use of chemicals. The control measures to mitigate the risks were also described and any actions required regarding same.

Inspectors observed good practice around infection control. There was an adequate amount of sanitising hand gel dispensers in the corridors and lobby. Inspectors spoke with the cleaner who explained the cleaning schedule for the centre and how this would be enhanced in the event of an outbreak of an infectious disease or a biological spill. The household staff had received training in infection control and was observed changing personal protective equipment such as apron and gloves when moving between rooms.

Safe practices were in place for laundering soiled clothing. Reusable mop heads were in use and these were laundered separate to the residents' laundry. Samples of water in the centre were regularly sent to the lab to test for bacteria such as Legionella.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The residents were protected by policies and procedures for medicine management which had been recently reviewed.

The inspector reviewed a sample of completed prescription and administration records with the nursing staff. Medication was supplied to the centre by a pharmacy in Ballymote in individual boxes which each contained a weeks supply of medication. There was a list and description of each medication on the boxes. Nursing staff were able to clearly describe the arrangements for accepting and checking deliveries of medication. They were also knowledgeable of the policy and professional guidelines. The 'PRN' or 'as required' medicines prescribed had the maximum dose in a 24 hours period clearly stated and no medicine errors were identified by the inspectors during the review of residents' administration records.

Where a medicine error did occur, the details were recorded on an incident form which was subsequently reviewed by the person in charge. A review of medicine management practices took place regularly and the inspector saw that there were three monthly audits of medication supplies and weekly audits of controlled drugs and medication administration records.

Medicines that required strict control measures (MDAs) were appropriately managed and were kept in a secure double locked cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two

nurses at the change of each shift. The inspector checked the balance of a sample of medicine and found it to be correct.

Temperature controlled medicines were stored in a refrigerator in a locked store room. The temperature was monitored and checked daily by the nursing staff, and record of the check maintained. The inspector found the temperatures were within acceptable standard limits. Any unused or out of date medications were returned to the supplying pharmacy.

Written evidence was available that three-monthly reviews of residents' medicines were carried out. The general practitioner (GP) completed a review for each resident. All nursing staff completed yearly online training on medication management.

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 accidents and incidents that occurred in the centre was maintained. Where required, incidents were appropriately notified to HIQA within the specified mandatory time frame outlined in the regulations.

The person in charge was familiar with the different incidents that were notifiable to HIQA within three working days. The person in charge also submitted a quarterly report outlining other incidents to HIQA.

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:

Inspectors reviewed a sample of residents' care plans and medical files. The provider is a local General Practitioner (GP) and most residents admitted to the centre were already known to him. There was evidence of regular reviews by the GP. A range of assessments were completed on admission and the assessment tools used reflected evidence based practice. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

Inspectors found evidence of appropriate referrals to allied support services. A physiotherapist attended the centre once a week and reviewed any residents with a respiratory condition or who sustained a fall or those assessed as been at risk of a fall. One resident was observed to be poorly supported in his chair and had been referred to occupational therapy. The provider stated that this service was provided through the Health Service Executive and at times there was a delay. Inspectors sought assurances that this service would be provided privately if necessary for residents who required the service if the delay was likely to be protracted.

Records were maintained of referrals to other specialists support services which included speech and language therapy, chiropody, dietetics and an optician.

The inspector saw that the care delivered to residents encouraged the prevention and early detection of ill health and enable residents to make healthy living choices. For example, there was evidence of residents receiving vaccination for the flu at the start of the winter period; residents with conditions such as diabetes were regularly screened. Each resident was weighted and had their blood pressure, temperature and heart rate monitored monthly.

Care plans were developed for all identified care needs and these were person centred and comprehensive. There was evidence that care plans were made available to the residents and in the sample of care plans reviewed the resident or their family had signed to indicate their involvement. Inspectors saw that care plans were reviewed on an ongoing basis at least every four months and more often if there was a change in a resident's condition.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents,

conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre is a single-story building located on the coast in the village of Carna. The building was clean and in a good state of repair with good levels of natural lighting and sea views. The premises included two large sitting rooms a central dining room, an oratory, a hairdressing salon and a smaller sun room which provided suitable space in which a resident could meet a visitor in a quiet area other than their bedroom. A ventilated and monitored smoking room was available if required. Improvement was required on storage space for equipment such as wheelchairs, which were being stored in bedrooms currently unoccupied and in assistive bath rooms on the corridor. There were onsite kitchen and laundry facilities which were well-equipped and suitable for the number and needs of the residents living in the centre.

The size and layout of bedrooms were suitable for the requirements of the residents, and were furnished and in a home-like fashion, including the resident's own photos and decorations. Privacy screen was available in bedrooms which accommodated more than one resident. There was adequate storage space in bedrooms for residents' belongings including lockable storage if required. All single and double rooms had en-suite toilet and shower facilities which were suitable for use by residents with reduced mobility or wheelchairs and had a level access shower with assistive handrails and appropriately levelled bathroom facilities. All bedrooms and bathrooms were equipped with staff call bells.

The outdoor space was safe, secure and inviting for residents to use. It consisted of a garden with planting space, window boxes, birdfeeders and a chicken enclosure. A path circled the grass area and allowed those in a wheelchair and residents with reduced mobility to access to the area. The garden could be accessed from both dayrooms which encouraged residents to avail of it when the weather permitted. A chest-high stone wall surrounded the perimeter enclosing the garden and securing the site from the proximity to the sea without reducing the view.

At the time of inspection, the provider was in the design stages of a plan to extend the centre. The extension would enclose an existing pathway joining two corridors and providing a complete walking circuit for residents . The development would also see the addition of a new day room and a sheltered observation deck over the Atlantic. The redevelopment would also serve to enhance the dementia friendly aspect of the building with visual and memory assistive elements such as colour-contrasted door and handrails and signage features to identify living space.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures

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

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Most residents spoke Irish as their first language and the inspectors saw that a complaints policy and procedures were prominently displayed in both English and Irish. The procedure identified the person nominated to manage complaints, as well as the independent appeals process and details of an independent advocate.

A complaints log was reviewed by inspectors which included both formal and verbal complaints. Entries were written by whoever received the complaint and addressed by the complaints officer if they had not been resolved locally. The log included detailed summaries of the complaint, the actions taken, the outcome of the complaint and the satisfaction status of the complainant. The centre had a template with which complaints could be incorporated into their audits; however complaints were not frequent enough to identify any trends or recurring subjects.

Residents were confident that they could make a complaint about any aspect of the service and it would be addressed, and the centre had a suggestions box for complainants to raise issues anonymously if preferred.

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:

There was a policy on end-of-life care which guided practice.

The person in charge stated that the centre maintained strong links with the local palliative care team. No resident was receiving end-of-life care at the time of inspection however one resident had recently deceased. The inspectors reviewed this resident's end of life care plan and medical notes. There was good evidence that the residents' spiritual, emotional and physical wishes were recorded and adhered to by the staff that cared for the resident. The inspectors also met with this residents' family who spoke very favourably about the care provided to their loved one and the respect shown by the staff after the resident died.

There were proactive measures available in the centre to avoid the need for hospital admissions including sub-cutaneous fluids, intravenous antibiotics and the person in charge said that the provider could administer pain relief via a syringe driver where necessary.

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):

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

Findings:

The inspectors found that residents were provided with refreshments, snacks and meals that were varied, wholesome and in accordance with their assessed needs.

Inspectors observed the resident's evening meal. The atmosphere in the dining room was calm and sociable, and the tables were nicely set. There was appropriate staff on duty to assist residents. The meals served to residents were well presented. Inspectors observed good practices to support residents who required assistance and staff were observed discreetly and respectfully assisting some residents with their meals.

The kitchen was fully equipped with a good supply of food. The chef confirmed that if a resident requested something which was not on the menu this was facilitated.

There was a menu displayed in the dining room which indicated a choice of meals and

was rotated on a three-week cycle. Each resident was screened for nutritional risk on admission using a recognised assessment tool. Where a resident was identified as been at risk nutritionally they were referred to a dietician and those who had an impaired swallow were reviewed by a speech and language therapist. Nutritional supplements were prescribed by the general practitioner (GP) where appropriate. Staff spoken with demonstrated knowledge of residents' specific nutritional requirements including the provision of thickened fluids and modified or fortified diets.

The inspectors saw that those residents on a modified consistency diet received their prescribed diet. There were systems in place for nursing staff to communicate residents' nutritional needs to the catering staff. The inspector was shown written communication provided to the catering staff to verify this. The list of special diets was regularly updated as individual needs changed.

There were plenty of refreshments and snacks provided to residents during the day. The inspector saw residents being offered water, fruit juices, soups and hot drinks. Fresh fruit, homemade bread, cake and scones were available between meals and care staff had access to the kitchen after the catering staff finished for the evening, to prepare meals for residents if required.

The person in charge confirmed to inspectors that the menu had been reviewed for nutritional content by a dietician. The inspector spoke with residents and reviewed the feedback from both residents and relatives in the satisfaction questionnaires distributed prior to the inspection. All gave positive feedback regarding the quality of the food served.

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

Findings:
Residents were consulted in the running of the centre and had their feedback sought on matters that affected them. In response to an action on the previous inspection the centre has sourced an independent advocate from the community who was available to

residents and attended the residents' forum meeting. These meetings discussed a range of aspects of life in the centre, events, activities, the food and environment. Minutes of these meetings noted contributions from all those who attended and issues were discussed in both Irish and English to maximise participation. The minutes were reviewed at management meetings to discuss issues raised and respond to them.

Residents were facilitated to vote if they wished and were on the electoral register. Mass was celebrated weekly in the centre and visits were also made by a Church of Ireland minister.

The activities coordinator maintained a diary of all group activities the residents who participated in them. Time was set aside for one-to-one activities with residents and a record was maintained of the level of engagement and response of the resident. This helped inform the resident's care plan around communication and activities.

The staff had a good knowledge of the each resident's background and efforts were made to identify opportunities to incorporate the residents previous interests into group or individual activities and events..

The inspectors observed examples of group activities on the schedule displayed for the week included card and board games, planting of window boxes, sing-alongs, movie nights and reminiscence discussions. Vegetable and herb garden planting beds were being prepared outside for use in the summer months. There was a separate, quieter day room available which was more suitable for residents with a dementia or intellectual disability to relax without being over-stimulated by the noise of the busy main day room. Both day rooms had a member of staff present throughout the day keeping residents engaged and busy.

Inspectors spoke with residents and family members who spoke highly of the centre, the staff and the quality of life in general. Resident were confident that if they had any issues to raise they would be listened to and have their concerns or suggestions addressed.

Staff were observed interacting with residents in a polite and respectful manner, using the residents' names and exhibiting knowledge of the their needs, personalities and interests. The centre is located in the Gaeltacht region of Ireland and a significant number of residents spoke predominantly Irish. Management and staff were observed speaking to these residents in Irish, and staff who were not fluent in Irish expressed that they had the opportunity to learn conversational language from other staff and the residents.

The presence of closed circuit television cameras (CCTV) was raised on the previous inspection. Inspectors saw that CCTV cameras were present on corridors and communal areas of the centre. Signs were in place alerting residents and visitors to the cameras. The inspectors saw that the monitors for the CCTV system had been relocated from the front desk to the manager's office.

Staff were observed knocking before entering residents' bedrooms and for residents who preferred to have their door open while in their bedrooms, a simple privacy curtain

extended across the door way to allow the door to remain open without passers by been able to see the resident.

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:

The centre maintained a policy on managing residents' personal property and possessions. Residents had adequate storage space in their bedrooms for clothing and belongings, including lockable storage for valuables.

The centre had a labelling system for clothing which clearly identified the owner and was done in such a way as to be discrete for the resident. Inspectors checked a sample of clothing items and all items were labelled.

Clothing in the laundry was clearly separated by resident and inspectors saw from a review of the complaints log that if an items of clothing was mislaid it was replaced by the provider.

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 was satisfied that the numbers of staff was appropriate to the assessed needs of resident, however the skill mix at night required review to ensure there were sufficient nursing staff on duty to administer medication to residents.

There were 45 residents accommodated on the day of the inspection. 73% were assessed as having either maximum or high dependency needs. The normal allocation of staff on duty was 2 nurses and 9 care assistants in the morning and afternoon. This reduced to one nurse and nine care assistants in the evening and one nurse and three care assistants were on duty at night-time. The nurses on duty said the drug administration round took approximately 50 minutes in the morning when there were two nurses on duty. However, as only one nurse was on duty at night time to administer medication, the task took twice this time which meant detracted from the time available for the only nurse on duty to care for other residents. The inspector spoke to the provider representative about this and requested a review of the night time deployment of staff to ensure it was sufficient to meet the residents needs in a timely manner.

The centre is configured in three distinct units and during the day, two care staff were deployed to each area while one staff member supervised each of the communal areas and assisted with social activities for residents. The staff on duty said that this worked well and residents reported good availability of staff during the day.

Inspectors reviewed a sample of personnel files for different categories of staff, and these were found to contain all documentation required by Schedule 2 of the regulations. Nurses active in the centre had recorded confirmation of their registration with An Bord Altranais agus Cnáimhseachais na hÉireann for 2017. The centre did not use external agency staff. General manager confirmed that all staff had been vetted by An Garda Siochana and this was evident in the sample of files reviewed by inspectors.

The centre had a policy on staff training which outlined the mandatory training in the centre and the cycle in which refresher training was to be attended. There was also a schedule of upcoming training sessions for 2017. Staff training records were reviewed and staff were trained in safeguarding and manual handling however, a number of staff were overdue to attend training in fire safety. This is referenced as an action under Outcome 8 on Health and Safety and Risk Management.

There was a range of supplementary training available to staff, such as in care for people at end of life, managing responsive behaviours, training in dementia care, continence care and nutrition. All nursing staff were up to date in their training for medication management. Staff spoken to felt well supported and resourced by their management to carry out their jobs. Both care and ancillary staff in general were familiar with the residents, their needs and histories, and good quality of interaction between the staff and residents was observed.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Marie Matthews
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Carna Nursing and Retirement Home
Centre ID:	OSV-0000398
Date of inspection:	12/04/2017
Date of response:	16/05/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The providers name was not recorded as being present in minutes of governance and management meetings.

1. Action Required:

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and

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

details responsibilities for all areas of service provision.

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

Monthly management meetings will take place with the provider in attendance.

Proposed Timescale: 29/05/2017

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:

The contracts of care did not specify the occupancy of bedrooms that the resident could expect as part of their residency in the centre, as required by the Health Act 2007 (Care and Welfare if Residents in Designated Centre for Older People) (Amendment) Regulations 2016.

2. 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:

The Contract of Care has been updated with the occupancy of bedroom type that the Resident could expect to occupy during their residency.

Proposed Timescale:

Completed

Proposed Timescale: 16/05/2017

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:

At the time of inspection, nineteen staff members' training in fire safety was not current.

3. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes,

location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

All Staff members are up to date with their Fire Safety Training

Proposed Timescale:

Completed

Proposed Timescale: 16/05/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Improvement was required in providing suitable storage space for equipment in the centre.

4. 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:

We are currently working with our Architect to provide suitable storage for equipment in the centre.

Proposed Timescale: 30/11/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

A review is required of the evening/night time deployment of staff to ensure it is sufficient to meet the residents needs

5. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The evening roster is being reviewed to ensure adequate skills mix and to ensure that it is sufficient to meet the Resident's needs in a timely manner and also to allow the duty nurse to administer medication to residents.

Proposed Timescale: 31/08/2017