

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cluain Arann Welfare Home & Community Nursing Unit
<b>Centre ID:</b>	OSV-0000674
<b>Centre address:</b>	Avondale Crescent, Tipperary Town, Tipperary.
<b>Telephone number:</b>	062 52186
<b>Email address:</b>	denise.flynn@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Bridget Farrell
<b>Lead inspector:</b>	Vincent Kearns
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	26
<b>Number of vacancies on the date of inspection:</b>	4

## **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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
22 June 2017 08:00	22 June 2017 17:00
23 June 2017 08:00	23 June 2017 16:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable 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	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Substantially Compliant

**Summary of findings from this inspection**

This report sets out the findings of a two day unannounced inspection, in which 10 outcomes out of a possible 18 outcomes were monitored and reported upon. The purpose of the inspection was to monitor on-going compliance with the Care and Welfare Regulations and the National Standards. Cluain Arann Welfare Home and Community Nursing Unit provided a 24 hour care service for a maximum of 30 residents who were accommodated seven days a week. Residents to whom the inspector spoke confirmed that they were well cared for and were very complementary about the kindness and standard of care provided to them by all staff in the centre. According to the centres' statement of purpose the bed designation was divided into 20 beds in the "Welfare Home" with the remaining 10 beds in the "nursing unit".

On the days of inspection there were 26 residents living in the centre. The centre was located near the outskirts of Tipperary town and was in walking distance of shops, banks, the post office, church and all other local amenities. The centre was

originally constructed in the early 1970's and had been renovated a number of times since then however, the design and layout of the premises is reflective of the period in which it was built.

As part of the inspection process, the inspector met with residents and their representatives, multitask attendants, the chef, the Clinical Nurse Manager 2 and the person in charge. The inspector observed practices and reviewed documentation such as policies and procedures, care plans, medication management, staff records and accident/incident logs. Residents told the inspector that they were very happy living in the centre and that they felt safe there. Overall the findings of this inspection indicated that residents received care to a good standard and staff were able to demonstrate good knowledge of the residents' care needs when speaking with the inspector.

From the 10 outcomes reviewed during this inspection; four outcomes were compliant and three outcomes substantially compliant with the regulations. However, the following three outcomes were deemed to be moderately non-compliant; health and safety and risk management and complaints and residents rights dignity and consultation. These non-compliances are discussed throughout the report and the action plan at the end of the report identifies where improvements are needed 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 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 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 had been improvements since the last inspection. For example, there had been improvements in relation to health and safety and risk management, care planning and documentation.

The inspector spoke with the person in charge who outlined a clearly defined management structure that was in place. This structure identified who was in charge, who was accountable to whom and the reporting relationships within the organisation. Staff who spoke with the inspector were able to demonstrate good knowledge of this system. There was a copy available of the annual review into the quality and safety of care delivered in the centre as required by regulation. There was a system in place to improve the quality and safety of the service. This included the person in charge supported by other staff undertaking regular audits. These audits were available to the inspector and included, amongst others: falls, hygiene and infection control, health and safety, the use of restraint, the quality of life, nutrition and medication. The person in charge outlined how these audits informed the quality and governance of the centre. The person in charge explained how the findings and actions from these audits were being used to focus areas for improvement in the centre. The provider representative met with the person in charge frequently and formally at the senior management meetings that were held as required, but at a minimum every month.

There was evidence of meetings with staff and regular meetings were held with residents. The inspector noted the person in charge was well known to residents and relatives to whom the inspector spoke with. From a review of the minutes of residents meetings it was clear that issues identified were addressed in a timely manner and that the person in charge was proactive in addressing any concerns or issues raised. Where areas for improvement were identified in the course of this inspection, the person in charge and the provider representative demonstrated a conscientious approach to

addressing these issues and a commitment to compliance with the regulations.

The annual report into the safety and quality of care was comprehensive and reference the findings from the various audits and included a quality improvement plan.

**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:**

Copies of both the standards and regulations were maintained on site. A sample of residents' contracts of care were viewed by the inspector who noted that contracts had been signed by residents/relatives. Generally the contract was clear and outlined the services and responsibilities of the provider to the resident and the fees to be paid. However, the contracts viewed were not adequate as they did not contain details of the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, "after" the terms, as required by regulation.

**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 found that the person in charge was a suitably qualified and experienced person with authority, accountability and responsibility for the provision of service. The

person in charge operated on a full-time basis and had extensive experience in clinical care and had held the position of person in charge in her.

The person in charge was well known to residents and both residents and staff confirmed that she was available to provide support at any time. The person in charge confirmed that she maintained an open door policy to residents, their representatives and staff.

Throughout the course of the inspection the person in charge demonstrated a highly professional approach to the role that included a strong commitment to a culture of improvement along with a well developed understanding of the associated statutory responsibilities.

**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):**

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

**Findings:**

The inspector noted that documentation on the prevention, detection and reporting of abuse was in keeping with the national guidelines and contained both indicators of abusive behaviours and a format for an internal investigation and screening process. The provider and person in charge were present and actively engaged in the operation of the centre on a daily basis. Residents informed the inspector that they felt safe in the centre and identified the staff and the person in charge as being very approachable. Staff interviewed confirmed their attendance at suitable prevention, detection and reporting of abuse training. They were clear on their responsibilities and their confidence in the person in charge to take appropriate action if and when required. All staff had attended training in relation to the prevention, detection and reporting of elder abuse.

There was evidence of adequate recruitment practices including verification of references and the provider representative confirmed that all staff had been Garda vetted.

There was a policy in place on the safeguarding of residents' property, finances or

possessions. The person in charge was a pension agent for a number of residents. The inspector spoke with staff who articulated adequate practices in the management of a residents' finances including mechanisms for auditing such records. The inspector also reviewed a sample of residents financial records and noted that suitable practices were in place including resident and staff counter signatures recorded on each financial transaction.

The inspector observed that there was an easy rapport between staff and residents and also that residents were comfortable in asserting themselves and bringing any issues of concern to any of the staff. In addition, over the course of the two days of the inspection, it was clear that the person in charge was "hands on" in her management approach. The person in charge was familiar with all residents and maintained a highly visible presence in the centre on a daily basis. She was clearly approachable to all residents, visitors or staff.

The management of responsive behaviour policy (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) was adequate. The training records of responding to responsive behaviour training indicated that most but not all staff had attended training in management of responsive behaviour. The person in charge outlined her plans for training in relation to the management of residents with dementia to be provided to all staff by end of this year. However, records seen recorded that most but not all staff had received training in the use of restraint and the responsive behaviours. In addition, many staff had not received training in dementia care. These failings were actioned under outcome 18 of this report.

The person in charge stated that they were working towards promoting a restraint free environment. The inspector saw that the person in charge along with staff promoted a reduction in the use of bed-rails. The inspector observed that there was a small number of bed rails in use. This reduction had occurred following the completion of an audit into the incidence of restraint and the development of a strategy to reduce their use. For example, there was an increasing awareness around the hazards of the use of restraint with the on-going training of staff in the provision of alternatives such as low-low beds, crash mats and/or bed alarms. Regular safety checks of all residents were being completed and documented. The level of restraint used was monitored and audited closely. Staff confirmed that bed rails were often used at the request of residents and residents who spoke with the inspector confirmed this. All forms of restraint were recorded in the restraint register and appropriately notified to HIQA. Risk assessments had been undertaken and care plans were put in place for residents who used bedrails or lap belts. From the sample of care plans reviewed the inspector noted that all risk assessments in relation to the use of restraints had been reviewed every four months or more often if required.

**Judgment:**  
Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and***



**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:**

A centre-specific health and safety statement was in place and signed as implemented by the provider in June 2016. Measures were in place in relation to food safety. Catering services were seen to be visibly clean and adequately equipped and organised. The service was monitored by the relevant Environmental Health Officer (EHO) and a recent inspection reported overall satisfactory findings. A risk register was in place that identified and assessed risks for all areas of work and work practices. The specific risks as identified in the regulations and the measures in place to control those risks were included in the risk register. There were good systems in place for the assessment and ongoing review of clinical risks such as falls and the use of restraint. A record was maintained of all accidents and incidents in the centre. The Health Service Executive (HSE) reporting records/mechanism was called "Serious Reportable Events" (SER's). These reports were submitted to the clinical risk management group for review and action. Membership of this group included among others, the person in charge, the provider representative and the risk manager for the HSE. These records were seen to satisfied the requirements of Schedule 3. Each incident was reviewed individually and collectively on a quarterly basis with evidence of corrective actions to prevent a reoccurrence. For example, enhanced staff supervision, medication training and referral to other services such as speech and language therapy. However, there were a number of potential hazards that were identified on this inspection that required risk assessing including:

- the arrangement for respite residents to bring their own medications into the centre in medication containers that were not tamper proof. This issue was also actioned under outcome 9 of this report
- the unrestricted access to a store room containing cleaning chemicals
- the unrestricted access to the staff rest room
- the unrestricted access to the staff locker room
- the arrangement of having only one grab rail in the visitors toilet
- the unrestricted access to an electrical kettle located in the family room
- the unrestricted storage of latex gloves and plastic aprons
- the unrestricted access to the kitchenette in the nursing unit

The inspector noted that most of the actions from the previous inspection in August 2016 had been completed. For example, the trip hazard in one communal shower had been risk assessed since the last inspection. However, this identified hazard which had been previously identified on the last inspection had not been remedied. This trip hazard continued to present a residual risk to residents and staff using this shower. This non-compliance was compounded by the fact that this was one of only two communal showers available for residents use. In addition, this shower unit was also unsuitable for

the following reasons:

- it contained brown stains that could not be removed
- there was rust like material located on the shower seat adjustment handle
- access to the resident while seated in the shower unit was not adequate due to the design and layout of this unit

Circulation areas, toilets and bathrooms were adequately equipped with handrails and grab-rails. Care plans contained a current manual handling assessment and plan that referenced the specific equipment required for resident and staff safety. The inspector observed no deviations from the plan and found no evidence to support deviation. The inspector saw that staff had good access to personal protective equipment including latex gloves and plastic aprons and staff were seen to utilise same appropriately. All staff had completed training in hand hygiene and infection prevention and control. Overall the centre including the communal areas and bedrooms were generally found to be clean. However, there were a number of infection control issues including:

- cleaning practices as described by some staff were not in keeping with the centres' cleaning policy or with best practice
- the floor covering in some areas required repair/replacement for example the linoleum floor covering was stained in the two communal toilets
- there was evidence of rust like material/stains located on the pipes in the communal toilets
- there was dust and cobwebs in some parts of the centre for example the air vents in the laundry room, in one of the communal shower rooms and cobwebs in the corners and ceiling of the assisted bathroom
- the ceiling light cover was missing in one communal toilet

The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be adequate. There were notices for residents and staff on "what to do in the case of a fire" appropriately placed throughout the building. The person in charge informed the inspector and records showed that fire drills were undertaken four times each year. There were personal emergency evacuation plans in place for residents, many of whom did not have significant challenges or significant cognitive impairment or restricted mobility. Fire drills were conducted during the day and evening times and residents were involved. In the most recent fire drill recorded in April 2017, the evacuation time recorded was three minutes and 50 seconds. However, the records of the fire evacuation drills was not adequate as they did not record the fire scenario that the drill was practising for.

There was a good level of visitor activity noted in the centre. There was a visitors' log/record located near the entrance. However, this record was not comprehensively completed with many days recording few visitors to the centre. The person in charge agreed to review the arrangements for visitors to sign this record.

The person in charge confirmed that a number of residents smoked tobacco. A policy was in place and reference the requirement for smoking risk assessment. From a review of a sample of care plans, there were suitable risk assessments for each resident that individually risk assessed each resident's capacity to smoke safely. The inspector saw that where controls were required such as a fire retardant apron and staff supervision; that these were implemented in practice. Records evidenced quarterly servicing of the fire safety alarm and the emergency lighting. There was fire safety equipment located

throughout the centre. There were records of suitable maintenance and servicing of fire fighting equipment including fire extinguishers, fire safety blankets and emergency lighting.

**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):**

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

**Findings:**

The centre-specific policies on medication management were dated as most recently reviewed in March 2016. The policies included the ordering, receipt, administration, storage and disposal of medicines. The policies were comprehensive and evidence based. The policies were made available to nursing staff who demonstrated adequate knowledge of this document. Medicines for residents were supplied by a community pharmacy. Nursing staff with whom the inspector met outlined a robust procedure for the ordering and receipt of medicines in a timely fashion. Medicines were stored in a locked cupboard, medication trolley or within a locked room only accessible by nursing staff. Medicines requiring refrigeration were stored securely and appropriately. The temperature of the medication refrigerator and storage areas was noted to be within an acceptable range; the temperature was monitored and recorded daily.

Robust measures were in place for the handling and storage of controlled drugs that were accordance with current guidelines and legislation. Nursing staff with whom the inspector spoke demonstrated knowledge of the general principles and responsibilities of medication management. Medicines were recorded as administered in the medication administration record in accordance with guidance issued by An Bord Altranais agus Cnáimhseachais. Compliance aids were used by nursing staff to administer medicines. A sample of medication prescription records was reviewed. The practice of transcription was in line with the centre-specific policy and guidance issued by An Bord Altranais agus Cnáimhseachais for all prescriptions seen. Transcribed prescriptions were always signed by a second nurse who independently checked the prescriptions and co-signed by the prescriber within 72 hours. It was noted that medicines were administered from a transcribed record that had been co-signed by the prescriber.

Staff reported and the inspector saw that eight residents were self-administering medication at the time of inspection. Medication administration was observed and the inspector found that the nursing staff adopted a person-centred approach. There was a weekly audit record and nightly monitoring records in relation to residents who self

administrated medication. Consent had been obtained and risk assessments completed for each of these residents. There were suitable, safe and secure storage provided for the residents' medicinal products. However, in relation to one resident admitted for respite care; the medication management was not adequate. For example, one resident admitted for respite brought their own medications into the centre in medication containers that were not tamper proof. This arrangement/practice had not been risk assessed or had not been considered/reviewed within the medication management cycle.

**Judgment:**

Substantially 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:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs were set out in an individual care plan. Actions required from the previous inspection relating to care plans had been addressed and care plans were found to be person centred and generally reflected the care needs of residents. There was a documented assessment of all activities of daily living, including mobility, nutrition, communication and sleep. There was evidence of a range of assessment tools being used to assess and monitor issues such as falls, pain management, mobilisation and risk of pressure ulcer development. Each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances. From the sample of care plans reviewed, all were reviewed no less frequently than at four-monthly intervals. There was evidence that such reviews occurred in consultation with residents and/or their representatives.

The dependency levels recorded in the centre were as follows; seven residents were considered as having high dependency needs, nine residents had been assessed as medium dependency and ten residents were assessed as low dependency needs. There was a low reported incidence of wounds. The inspector reviewed the management of clinical issues such as wound care and diabetes management and found they were well managed and guided by adequate policies. Residents to whom the inspector spoke were

satisfied with the service provided. Residents had access to General Practitioner (GP) services and out-of-hours medical cover was provided. On the morning of the first day of the inspection, the inspector met one of the visiting GP's. The person in charge outlined how the centre received a good level of ongoing support from visiting GP's with morning and evening visits each day. Psychiatry of later life services were available and provided support to some residents. A full range of other services was available on referral including speech and language therapy (SALT) and dietetics. Physiotherapist was based in the centre every Wednesday and was also available for appointments on other days. The inspector met the visiting nurse specialist from the community palliative home care team on the second day of the inspection. Chiropody, dental and optical services were also provided. The inspector reviewed residents' records and found that where residents were referred to these services the results of appointments were recorded in the residents' notes. The inspector reviewed a sample of care plans and saw that they had been updated to reflect the recommendations of various members of the multidisciplinary team.

**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):**

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

**Findings:**

The complaints procedure was displayed at the main entrance to the centre and it described how to make a complaint. There were copies of the HSE document "Your Service Your Say" available. The inspector read a sample of complaints records for 2016 and 2017. The details of each complaint were recorded and the inspector saw that there was a response to each complaint. The complaint's policy listed details of the nominated complaints officer within the centre and included an appeals procedure.

Residents spoken with said they would have no hesitation speaking to any of the staff if they had a concern. The inspector noted that many residents had low dependency needs and appeared well able to self advocate. The inspector reviewed the questionnaires recently distributed by the person in charge to residents as part of a quality improvement programme. Many of the returned questionnaires indicated a high level of satisfaction with the service and a positive response to any areas of concern raised. One of the previous two actions had been completed since the last inspection. However, the recording of complaints continued to be inadequate as not all complaints

records recorded whether or not the resident was satisfied following making a complaint. In addition, the inspector noted from complaint records viewed that a number of residents had repeatedly complained about the unsuitability of the communal toilets. Complainants expressed concerns in relation to the design and layout of the communal toilets and that they were not suitable to meet the individual or collective needs of some residents. These complaints had been recorded as far back as June 2016. The person in charge had highlighted/escalated this issue to the provider representative on a number of occasions over the past year. However, the toilets continued to be unsuitable and these complaints remained open. The provider had not put in place measures required for improvement in response to these complaints. This issue was also actioned under outcome 16 of this report.

**Judgment:**

Non Compliant - Moderate

***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:**

The inspector found that overall resident's privacy and dignity was generally respected. The inspector observed staff members knocking on bedroom, toilet and bathroom doors and waiting for permission before entering. Staff interacted with residents in a courteous and friendly manner. Residents spoken to were complimentary about the staff in the centre. Residents and relatives spoken with described the staff as very kind and said they felt safe in the centre and attributed this to staff. Residents clearly stated that they were able to exercise choice regarding how they spent their day. The inspector observed throughout the inspection that residents were consulted and encouraged to make choices about their daily routine.

Residents' religious and civil rights were supported. Mass was celebrated and prayers were said in the Oratory. Other religious faiths were accommodated including the local Church of Ireland minister who had also visited the centre. Each morning some residents attended the local church which was conveniently located near the centre. Residents had access to a variety of national and local newspapers and magazines to reflect their interests and these were located in easily accessible areas and available to residents daily. Some residents attended a local day centre from the centre during the

week. While other residents spoke about going out each day to the shops and restaurants. At the time of inspection a number of residents informed the inspector that the Royal Ascot races were on, that they were keenly following these races and some had been to the bookies on a number of occasions.

A social assessment had been completed for each resident and activities were provided which included arts and crafts, bingo, live music, reminiscence therapy, and passive exercise programmes. Each resident's preferences were assessed and this information was used to plan the activity programme. Residents who were confused or who had dementia related conditions were encouraged to participate in the activities. A programme of events was displayed and included bingo, music, quizzes, arts and crafts and religious ceremonies. Some residents said they preferred not to take part in the group activities and the inspector saw that their wishes were respected and individual one to one time was scheduled for these residents.

Residents were seen enjoying other activities during the inspection. For example, on the first day of the inspection, the inspector noted residents enjoyed a local music band that played a variety of music in the sitting room. A number of residents commented that they would like if there was more live music provided in the centre. The inspector relayed this request to both the person in charge and the provider representative.

There was Closed Circuit Television (CCTV) cameras in place in a number of locations in the centre and there was an up-to-date policy in place. There was a notice at the entrance to the centre in relation to the use of CCTV cameras. However, the inspector requested the provider representative to review all CCTV cameras in the centre to ensure that none compromised the privacy and dignity of residents. For example, the inspector noted that there was a CCTV camera located in the dining room.

There were two communal toilets that catered for ten male and female residents each. Both toilets consisted of two partitioned cubicles which did due to their design; did not adequately ensure the privacy and dignity of residents using these facilities. For example, the partition between the toilets was not adequate in size to ensure residents privacy and dignity. Some residents using these toilets required support and assistance with personal hygiene and the design and layout of the two communal toilets did not meet their individual or collective needs.

There were visitors seen in the centre throughout the inspection and the person in charge outlined that there was always great flexibility afforded to visitors to the centre. However, visiting times were not suitable as they were restricted. For example, the inspector reviewed the policy on visitors to the centre that was dated as reviewed in January 2016. This policy stated "all visitors are welcome to the nursing unit. In the interest of safety, hygiene and comfort; visiting is restricted to the following times: Day 2pm - 4pm and Evening 6pm - 8.30pm.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

Residents to whom the inspector spoke described staff as being very attentive and kind in their dealings with them and indicated that staff were caring, responsive to their needs and at all times treated them with respect and dignity. A number of staff spoken to had worked in the centre for many years and clearly demonstrated an excellent understanding of their role and responsibilities in relation to ensuring appropriate delivery of person-centred care to residents. The inspector observed very positive interactions between staff and residents over the course of the inspection and found staff to have an excellent knowledge of residents' needs as well as their likes and dislikes. Over the two days of inspection, the inspector observed that the centre was a busy place with lots happening. However, staff did not appear to be rushed and made time to stop sit and chat with residents or to participated in various group activities.

Based on the review of the staff rota the inspector was satisfied that there were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. Staffing compliment included at least one staff nurse at all times.

Staff confirmed to the inspector that they had been facilitated in accessing continuing professional education by the person in charge and the provider representative. The person in charge outlined how she promoted and supported staff training and development and ensured all staff received updates on any policy, training or opportunities that were required. From speaking to the person in charge, the Clinical Nurse Manager (CNM) and a review of documentation; it was clear staff were supervised appropriate to their role and responsibilities. There was an education and training programme available to staff and the training matrix indicated that most mandatory training was provided to all staff. However, as mentioned under outcome 7 of this report, most but not all staff had received training in the use of restraint and the management of responsive behaviours. In addition, 17 staff had not received training in dementia care.

All nursing staff were on the live register with Bord Altranais agus Cnáimhseachais na



hÉireann, or Nursing and Midwifery Board of Ireland and many of the health care assistants had completed the Further Education and Training Awards Council (FETAC) level five qualifications.

The inspector reviewed a sample of staff files which included all the required information under Schedule 2 of the regulations. Registration details with Bord Altranais agus Cnáimhseachais na hÉireann for 2017 for nursing staff were seen by the inspector.

**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:***

Vincent Kearns  
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>	Cluain Arann Welfare Home & Community Nursing Unit
<b>Centre ID:</b>	OSV-0000674
<b>Date of inspection:</b>	22 and 23 June 2017
<b>Date of response:</b>	26 July 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 03: Information for residents

#### Theme:

Governance, Leadership and Management

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

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 including details of the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, "after" the terms, as required by regulation.

<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:**

Details of terms relating to bedroom and occupancy will now be included in contract of care

**Proposed Timescale:** 18/07/2017

**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:**

Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified in the communal shower unit including the following:

- it contained brown stains that could not be removed
- there appeared to be rust like material located on the shower seat adjustment handle
- access to the resident while seated in the shower unit was not adequate due to the design and layout of this unit

**2. Action Required:**

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

The communal shower will be repainted and shower unit removed and replaced

**Proposed Timescale:** 17/12/2017

**Theme:**

Safe care and support

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

To ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre including:

- the arrangement for respite residents to bring their own medications into the centre in medication containers that were not tamper proof. This issue was also actioned under outcome 9 of this report

- the unrestricted access to a store room containing cleaning chemicals
- the unrestricted access to the staff rest room
- the unrestricted access to the staff locker room
- there was only one grab rail in the visitors toilet
- the unrestricted access to an electrical kettle located in the family room
- the unrestricted storage of latex gloves and plastic aprons
- the unrestricted access to the kitchenette in the nursing unit

### **3. Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

All accesses to store rooms, staff rest room, kitchenette and locker room will be restricted and securely locked. Grab rail to be installed in visitors' toilet.

**Proposed Timescale:** 31/07/2017

### **Theme:**

Safe care and support

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

To ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff including the following:

- cleaning practices as described by some staff were not in keeping with the centres' cleaning policy or with best practice
- the floor covering in some areas required repair/replacement for example the linoleum floor covering was stained in the two communal toilets
- there was evidence of rust like material located on the pipes in communal toilets
- there was dust and cobwebs in some parts of the centre for example the air vents in the laundry room and in one of the communal shower rooms and cobwebs in the corners and ceiling of the assisted bathroom
- the ceiling light cover was missing in one communal toilet

### **4. Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Cleaning practices were reviewed and best practice was applied immediately. Dust cobwebs removed. Air vents to be cleaned. Ceiling light cover renewed.

Discussions are ongoing with Technical Services in relation to the replacement of the Communal Toilets. Plans will be completed with documentation ready to go to tender in late Autumn.

**Proposed Timescale:** 31/07/2017

**Theme:**

Safe care and support

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

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.

**5. 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:**

Evacuation drill will include description of what residents were evacuated and what equipment was used in the evacuation

**Proposed Timescale:** 31/07/2017

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

To store all medicinal products dispensed or supplied to a resident securely at the centre including medications brought into the centre in non tamper proof medication containers.

**6. Action Required:**

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

The local pharmacy will provide medicinal products for the residents in tamper proof containers.

Proposed Timescale: Immediate effect

**Proposed Timescale:** 26/07/2017

**Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

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

To put in place any measures required for improvement in response to a complaint including the complaints in relation to the unsuitability of the communal toilets

**7. Action Required:**

Under Regulation 34(1)(h) you are required to: Put in place any measures required for improvement in response to a complaint.

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

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

Discussions are ongoing with Technical Services in relation to the replacement of the Communal Toilets. Plans will be completed with documentation ready to go to tender in late Autumn.

**Proposed Timescale:** 31/10/2017

**Theme:**

Person-centred care and support

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

To ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

**8. Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

A column has been inserted into the compliant log capturing whether a resident is satisfied or not with the outcome of a compliant

**Proposed Timescale:** 26/07/2017

## Outcome 16: Residents' Rights, Dignity and Consultation

### Theme:

Person-centred care and support

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

To ensure that each resident may undertake personal activities in private including residents using the two communal toilets.

### 9. Action Required:

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

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

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

Discussions are ongoing with Technical Services in relation to the replacement of the Communal Toilets. Plans will be completed with documentation ready to go to tender in late Autumn.

**Proposed Timescale:** 31/10/2017

### Theme:

Person-centred care and support

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

To ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident, or the resident concerned has requested the restriction of visits.

### 10. Action Required:

Under Regulation 11(2)(a) you are required to: Ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident, or the resident concerned has requested the restriction of visits.

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

The Visitors policy has been reviewed stating that Cluain Arann operates open visiting with the exemption that visitors will not visit Cluain Arann if unwell

**Proposed Timescale:** 27/07/2017

## Outcome 18: Suitable Staffing

**Theme:**

Workforce

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

Ensure that staff have access to appropriate training including training in the use of restraint, the management of responsive behaviours and training in dementia care.

**11. Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Training in relation to dementia, responsive behaviours and restraint is taking place over scheduled dates .

**Proposed Timescale:** 17/11/2017