

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Clontarf Private Nursing Home
Centre ID:	OSV-0000127
Centre address:	5 - 7 Clontarf Road, Clontarf, Dublin 3.
Telephone number:	01 833 5455
Email address:	clontarf@silverstream.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Clontarf Private Nursing Home Limited
Provider Nominee:	Joseph Kenny
Lead inspector:	Helen Lindsey
Support inspector(s):	Shane Walsh
Type of inspection	Announced
Number of residents on the date of inspection:	31
Number of vacancies on the date of inspection:	9

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:
15 August 2017 09:30	15 August 2017 16:30
16 August 2017 08:30	16 August 2017 13:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The inspection was carried as part of the process of gathering information to inform the renew the certificate of registration.

Inspectors found the centre to be in general compliance the Health Act 2007 (Care and welfare for Residents in Designated Centres for Older People) Regulations 2013.

Inspectors met with residents and some of their relatives, observed practice in the centre, and spoke with staff and the management team. They also reviewed a range of documentation including resident's records, medication records, and the organisation's policies and procedures.

Residents, and their relatives, were satisfied with the service they were receiving, felt there was a good range of meaningful activity, and enjoyed the meals provided.

Inspectors observed that residents were free to make choices and maintain their independence in the centre, for example choices at meal and snack time, where to spend time in the centre and whether to engage in the social activities in the centre and wider community.

The staff were seen to know the residents well and followed a person centred approach to support them. Training was in place to ensure staff had the relevant skills to undertake their role. There was also good access to healthcare professionals when required such as a general practitioner, physiotherapy, and a dietician.

There was a clear management structure in place, and residents knew who the managers in the centre were. There were effective systems in place to review the quality of the service provided and improvements were made when the need was identified. However the provider was in breach of a condition of registration that had expired in June 2016 in relation to premises.

Improvements were required in relation to resources to ensure the centre met the regulations, premises and how they impacted on privacy and dignity of residents, and practice relating restrictive practice.

This is discussed further in the report and in the action plan at the end.

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

No actions were required from the previous inspection.

Findings:

There were effective management arrangements in the centre and systems in place to monitor the quality and safety of the service. However review was required to ensure there were sufficient resources for the effective delivery of care.

Inspectors found there were sufficient resources to ensure that the service was delivered to meet the needs of the residents in that there were sufficient staff to meet the needs of the residents and there was a range of activities that residents were seen to enjoy. Improvements had been made since the previous inspection. The premises had been refurbished and were homely in their presentation. However improvements were still required in relation to the premises and privacy and dignity of residents, as set out in outcome 12 and 16. Action plans following the previous inspection were not completed and are restated at the end of this report. It is noted that the provider had applied for planning permission to address the areas of non compliance relating to the premises, but at the time of the inspection this had not been approved.

There was a clearly defined management structure in place. Reporting arrangements were clear and seen to be effective in practice. The person in charge was well supported by a clinical management team external to the centre, and an assistant director of nursing, nurses, healthcare assistants and household staff in the centre.

There were a range of systems in place to monitor practice in the centre and ensure that safe and effective care was provided. The management team met regularly and shared learning with other centres run by the same provider. There was system in place to support the person in charge and staff in the centre to understand the requirements of the regulations and support them to make improvements to meet residents needs where required.

A range of audits were carried out and were scheduled to be carried out through the year. Depending on the topic there was a range of timeframes for audits to be repeated, for example monthly, three monthly or six monthly. Improvements in practice were noted following the findings of audits, for example there had been less admissions to hospital following the implementation of a process for early detection of delirium which can result in residents feeling unwell and being at higher risk of falls.

The person in charge collected data on clinical outcomes on a weekly basis and used the information to support allocation of resources in the centre, and identify if there were any areas where improvement was required. Overall there were low levels of clinical incidents in the centre.

An annual report had been produced that included the feedback from people using the service. It set out the centre's performance against the standards and included an action plan for any areas where it was identified that changes or improvements were required.

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

Findings:
Only the element of the outcome that was found non compliant at the last inspection was reviewed.

Inspectors found that all residents now had a signed contract in place that clearly set out the fees to be charged for the service and any extra amounts payable for additional services.

Judgment:
Compliant

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

Theme:

Governance, Leadership and Management
<p>Outstanding requirement(s) from previous inspection(s):</p> <p>Findings: The person in charge had suitable skills and experience to carry out their role. They also had a good understanding of the regulations and standards. They were person centred in their management approach.</p> <p>They were directly involved in the governance and management of the centre, and provided support to the nursing team as required. They were present in the centre at least five days a week to supervise the quality and safety of the service being delivered.</p> <p>There were arrangements in place to cover their role if they were absent from the centre with the assistant director of nursing covering the role.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 05: Documentation to be kept at a designated centre</i> <i>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.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Only the element of the outcome that was found non compliant at the last inspection was reviewed.</p> <p>Inspectors found that the policies for risk management and restrictive practice were in place, and being implemented by the staff team.</p>
<p>Judgment: Compliant</p>

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):

Findings:

Measures were in place to safeguard and protect residents from abuse. However improvement was required to ensure the policy 'towards a restraint free environment' was being followed fully in practice.

There was a policy in place that followed the guidelines for safeguarding vulnerable adults from the Health Service Executive. The policy set out clear procedures for reporting and investigating an allegation of abuse being disclosed, suspected or witnessed. Examples seen showed the procedure had been followed in practice when required.

Inspectors spoke with staff who were able to describe the different types of abuse defined in the policy and the action to take to safeguard residents. Records confirmed all staff had completed up-to-date training in protecting residents from abuse.

There was a policy in place 'meeting the needs of the residents with challenging behaviour'. It provided clear guidance to staff of the process to follow where residents had responsive behaviour. Staff spoken with were found to know the needs of the residents well, and were able to describe how they would respond to different residents in a range of different circumstances. Assessments were carried out to assess resident's capacity and impact of dementia, and care plans were put in place. Some improvement was required to ensure the care plans provided clear information to guidance staff practice. The action for this is made under outcome 11.

There was also a policy on 'use of resident restraint'. It included definitions of restraint, a statement about acceptable practice in the designated centre, and resident's involvement. Where restrictions were in place there was a risk assessment that resulted in a decision being recorded. Where alternative measures had been trialled this was recorded. In the case of bedrails around 40% of residents were using them, but other options were being discussed to support residents to maintain their independence where possible. Where chemical restraint was being used, specifically psychotropic medication, this was prescribed by a general practitioner and reviewed at three monthly intervals or sooner if required. Although staff knew residents needs well, and were able to describe when a decision would be made to administer an 'as required' medication for anxiety or stress this was not recorded. This required improvement to ensure the guidance 'towards a restraint free environment' was being implemented.

The provider was a pension agent for a number of residents. There were clear arrangements for resident's monies to be deposited directly in to a client account that was sub divided to make it clear what belonged to each resident. Any monies due for fees or other services were then taken from the account. A statement was produced monthly, but could be requested at any time. The centre did have facilities to safe keep residents' cash and valuables, to which the resident had access on request at all times. The centre maintained a balance book for this which was double signed and logged all incoming and outgoing cash from the balance. A sample of residents' balances were reviewed against the actual contents of the safe and the amounts were found to correspond correct. There was also a petty cash system in place should a resident need cash, this also had clear signing in and out process which was also double signed.

Judgment:

Substantially Compliant

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The centre had policies and procedures in place in relation to the health and safety of resident, staff and visitors. There were appropriate fire safety and infection control procedures in place.

The centre had a safety statement in place for the centre which had been signed in April 2017.

There was a risk management policy in place for the centre which met the requirements of the regulations. There was also a risk register which documented identified risks and the controls associated with them. The risk register had been reviewed in July 2017. A log was maintained of all accidents and incidents in the centre.

The inspectors reviewed the service records for fire equipment. All fire extinguishers had been serviced within the last year. The fire alarm system and emergency lighting had all been serviced four times in the last year.

The centre was suitably compartmentalised with doors on self closing mechanisms. The closed doors would help slow the spread of smoke and fire. The centre had identified a primary and secondary escape route for all areas. A map showing the evacuation route was on display in various points throughout the centre. Personal emergency evacuation plans that outlined the support each resident needed to evacuate were displayed inside the door of each wardrobe. There was equipment to assist residents who were not mobile to evacuate down stairs available at regular intervals throughout the centre.

There was an emergency response policy and plan for the centre which outlined the procedure to be followed for a number of events, particularly during a fire. The inspectors reviewed the training audit and found that all staff in the centre had received training in fire safety within the last year. Drills were carried out every few months in the centre and various scenarios were tested, including using the assistive evacuation equipment.

The inspectors spoke to a number of staff around what to do if the fire alarm sounded. All staff spoken to were knowledgeable around the procedure to be followed.

The inspectors observed good infection control practices throughout the inspection. There was a suitable amount of wash-hand basins and hand sanitising gels throughout the centre. The inspectors spoke to laundry staff and found that they were aware of infection control and followed best practice.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
Residents were supported by the policies and procedure in place for medication management.

There was a medication policy, accessible to the nursing staff, which gave clear guidance on areas such as ordering, monitoring and documentation and administration.

Medicines were being stored safely in the treatment room and in the medication trolleys. There was a register of controlled drugs, and storage was seen to be secure. They were checked by two nurses at the change of each shift. When medication needed to be returned to the pharmacy there was a clear procedure that was seen to be followed in practice. Where controlled drugs were returned, it was marked clearly in the register, a form was signed by the person collecting the medication, and the pharmacy then confirmed it had been received. The medication was transported in a sealed pouch. This addresses the action required from the last inspection.

Resident's individual medication records were clear and well maintained. They were signed by the nurse following administration of medication, recorded the name of the drug and the time of administration. There was space to record when a medication was

refused on the administration sheet. It was noted that the maximum dose for some 'as required' (PRN) medication was not recorded on the prescription sheet, but it was clear on the medication administration sheet. This addressed an action from the last inspection.

Staff administering medication were seen to be following relevant professional guidance, and explained the process of checking the medication against the prescription, checking it was right resident and ensuring they had taken the medication prior to signing the administration sheet.

There was a process for assessing whether a resident was able to manage their own medications that included a risk assessment however at the time of the inspection no residents were doing this.

Regular audits had been carried out that were detailed and covered topics including regulatory requirements, spot check of medication balances, temperature controlled medication, controlled drugs, and disposal. Where minor improvements were recommended the person in charge was ensuring they were put in to practice. For example clearer recording when medication was refused. A number of medication errors had been identified through the audit process related to signing the administration sheet, and action had been taken to reduce the risk of them occurring again.

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):

Findings:

Residents' wellbeing and welfare was being maintained by evidence based nursing care. Residents' needs were being assessed and reviewed regularly however care planning documents required review to ensure they would guide staff practice, and were updated following any change of residents' needs.

Where resident's had healthcare needs, records showed there were links with relevant medical professionals. General practitioners (GP) visited the centre on a regular basis, and if more urgent review was required there were arrangements for out of hours GP. A range of allied healthcare professionals attended the centre, and appointments were

made to visit others at local hospitals. For example residents who required it were seen by the dietician, speech and language therapist and physiotherapist.

A range of recognised nursing tools were being used in the centre, for example monitoring levels of depression, risk of pressure areas, falls, and cognitive ability. In most examples reviewed the results were used to review the care needs of the resident. However examples were seen where the nursing tool indicated a change, but this had not been reflected in the care plan. For example a mobility care plan in relation to risk of falls.

There were clear record of resident's appointment, and arrangements were made with families or staff in the centre to ensure they were able to attend them. Results from appointments were also available for review in the centre by the relevant multidisciplinary team.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also when resident's returned to the centre, for example from hospital, there was a clear summary of their needs and guidance on any interventions needed. For example where residents attended diabetic day clinic, or clinic for review of warfarin use.

Inspectors reviewed a selection of residents care records and found there was a clear system in place for assessing and reviewing residents needs. Each residents' needs were being assessed prior to admission to the centre to ensure their identified needs could be met. On admission an assessment was completed and then care plans were put in place to set out how the residents' needs were going to be met.

Inspectors reviewed a range of care plans covering needs such skin care, diabetes, personal care, dementia and responsive behaviour, nutrition and medication. Overall where residents had an identified need, they had a care plan in place. However a number of examples were seen where the information contained in a care plan did not clearly set out their needs and how they were to be met. This created a risk of resident's current health and social care needs not being met. This was discussed with the person in charge and nurses during the inspection, and the following sets out some examples identified:

- Where resident's had care plans about anxiety they did not consistently set out the underlying cause, how to support the resident to avoid anxiety, how do minimise it when it occurred and what to do if their anxiety increased
- Risk level in an assessment had increased but the care plan had not been reviewed (falls, pressure care)
- Care plans documented a chronology of changing needs rather than current need making up to date information less accessible
- Range of resident's responsive behaviours not documented in care plan, and no detail on how to manage incidents, including staffing intervention required.

While a selection of care plans did not provide clear directions it was noted by inspectors that through discussion and observation staff were found to know residents well, and were able to explain treatment plans, communication approaches and appropriate

approaches to social engagement.

All care plans were reviewed at least three monthly or more frequently if required. Residents and families were involved in reviews if they chose to be, and updates were given when there were changes.

Feedback from residents and their relatives during the inspection was positive about the quality of healthcare they were provided with in the centre. A number of examples were seen of resident's healthcare needs reducing and independence increasing with the care and support provided in the centre. Examples were also given of residents returning home when their treatment and support had been effective.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There had been improvements made to the centre since the last inspection with many parts of the centre having been decorated, however some of the findings from the last inspection were still outstanding in that there continued to be an insufficient number of toilets and showers on the top floor of the centre, and aspects of the premises were not accessible.

The centre was laid out over three floors and in general it was noted to be clean and in a state of good repair. There were two lifts in the centre between the floors. Stairways and corridors throughout the centre had handrails in place on both side of the stairs, however one internal stairway that was to be used as a fire escape route only had a handrail on one side.

There were three communal rooms in the centre which were of a suitable size to meet the resident's needs. There were also two smaller private rooms. The communal spaces were well decorated and all were located on the lower ground and middle floor. They had all been renovated since the last inspection. There was also a secure garden at the back of the centre which residents were observed to use at various point throughout the inspection.

Each resident had suitable storage in place for their belongings. Residents also had lockable storage space in their rooms. Each resident had a call bell in place at their bed. All bedrooms without an en-suite had a wash-hand basin in place. All bedrooms had privacy screening.

The centre had three communal toilets, one shower and toilet, and one communal shower on the lower ground floor. There was the same amount of toilets and showers on the middle floor, however the top floor only had one toilet and shower for sixteen residents, this was identified on the last inspection. The inspectors recognise this was to be addressed in the proposed extension to the centre; however this had not occurred within the date stated in the agreed condition of registration due the difficulty the provider had experienced in getting planning permission.

The inspectors also noted that the majority of communal toilets and showers had no grab rails installed at the sinks. Some grab rails were also missing from the shower area. This was identified on the last inspection and had not been actioned.

There was a suitable amount of assistive equipment in place in the centre, such as hoists and wheelchairs. The equipment was stored in areas just off the corridor which had signage in place to instruct that the area was only for equipment storage. While storage of equipment off corridors is not aesthetically pleasing, they were not posing a trip hazard to residents. The inspectors reviewed records which confirmed that all assistive equipment in the centre had been serviced within the last year.

Judgment:
Non Compliant - Major

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:
Residents were provided with food and drinks in suitable quantities and at regular intervals. Resident's nutritional and dietary needs were met.

There were three meals each day. The inspectors observed the meals and noted that the food looked to be prepared correctly and was well presented. The inspectors reviewed the menu and there was choice provided to residents for meals. Residents that required some assistance at meals were assisted in a discreet and caring manner.

Residents spoke highly of the quality of the food offered in the centre. Snacks were available throughout the day and inspectors observed biscuits, fruit and smoothies offered regularly.

The inspectors reviewed a sample of residents care plans around nutritional intake. Care plans outlined what dietary needs the residents required. Residents at risk of losing weight or with swallowing difficulties were reviewed by allied health professionals such as dieticians and speech and language therapists. Records confirmed that residents at risk of losing weight had their weights monitored as per the centre's policy. Staff spoken to were knowledgeable around the dietary needs of residents.

The inspectors visited the kitchen. The chef explained that the menu for the centre was planned in conjunction with the person in charge and was reviewed by a dietician.

Residents requiring fortified diets, modified consistency diets and residents with allergies or diabetes were all listed in the kitchen. The chef explained this list was updated by the nursing staff if there was any change. The chef was knowledgeable around the residents' dietary requirements. The chef explained that if a resident did not like the options on the menu they would accommodate them with alternative options.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
Residents were consulted with around the running of the centre and their religious and civil rights were respected and there was a range of activities available for residents to take part in. However a number of multiple occupancy rooms were laid out in a manner that did not promote the privacy and dignity of residents as explained below.

There were residents meetings held in the nursing home each month. A review of the minutes showed topics of interest to the residents were discussed. For example upcoming dates of social events and religious services, welcoming of new residents and updates on any staffing changes. Residents spoken with during the inspection confirmed

that their ideas for activities and events were followed up on, and they felt they had a say in how the centre runs.

Information was displayed in the centre for an independent advocacy service. An advocate attended the centre monthly and provided an overview report to the person in charge and set out any issues raised by residents or their relatives. Residents were supported to meet their religious needs. There were Roman Catholic and Church of Ireland services held monthly in the centre, and serenity sessions held through the week for those residents who were interested in attending.

Residents could be registered to vote in the nursing home if they wished. A ballot officer attends the centre for residents to vote at the time of elections.

Residents had access to various forms of media including television, radio, newspapers and magazines.

Many visitors were seen with residents during the inspection, and those spoken with confirmed they could visit at times that suited the residents and were made to feel very welcome. They also commented about the range of social events they were invited to and were seen taking part in activities and joining their relative for meals. There were quiet rooms for private visits if required.

Inspectors observed a range of activities taking place during the inspection, both one to one and in groups. At any time there was a range of activities for residents to be involved with. It was observed that in the main lounge areas some residents enjoyed the routine of watching specific TV shows in the morning, others enjoyed time at the activity table with tactile pastimes such as jigsaws. Others were reading papers or books. An activity to encourage motor skills was seen to be well attended and enjoyed by residents. Where residents were spending time in their rooms through choice or due to ill health, it was noted that staff were spending time with them at different times through the day. Residents who spoke with the inspectors said they enjoyed the activities and there was always lots going on. There were a range of entertainers who visited the centre providing art and music activities. There were also trips out in to the community organised for residents, with a recent trip to the circus having been enjoyed by four residents.

Inspectors observed the staff engaging positively with residents. There was ongoing conversation that reflected the interests of residents. For example inspectors hear staff greeting residents in the morning, asking how they were and explaining the activities and plans for the day while also giving an update on the weather. Inspectors observed a positive environment where residents and staff were sharing jokes and enjoying each other's company.

While many positives were noted throughout the day, some examples were seen where there was a risk that resident's privacy and dignity may not be maintained due to the design and layout of some multi occupancy bedrooms. It was noted:

- Not all three bedded rooms had a chair for each resident to sit in if they wished.
- There was insufficient space for a chair to be placed beside each bed in some of the

rooms.

- Access to beds and wardrobes was at risk of being restricted in three of the bedrooms, especially if residents needed to use mobility aids, for example wheelchairs or walking frames. When the privacy curtains of one or two of the beds were closed, there was only just enough space for fully mobile residents to move around. This was an issue particularly in one room where there was only 41cms space between two beds, and this reduced to approximately 30cms when the privacy curtains were closed. This was not enough space for a mobile resident, thus if the rooms were fully occupied and residents curtains were closed no one would be able access their bed and belongings.
- In the smallest of the triple rooms all of the beds were against the wall making beds and wardrobes more accessible. However this meant that this room was not suitable for high dependency residents that may need assistance from both sides of the bed.

Examples were seen where other residents did not have chairs in their rooms. The inspectors were informed on a number of occasions that staff had moved the chair to other bedrooms or communal areas and had forgotten to return them. Some chairs in bedrooms were noted to be fold up plastic chairs that were hanging on the walls, which would not facilitate comfort or sitting for long periods of time. They would also not be suitable for resident with poor mobility as they had no arms on the side of them.

It was noted commodes were being used in some communal bedrooms. While no issues were identified on the day due to rooms not being fully occupied, inspectors noted that if the communal rooms on the top floor, where there was only one toilet as set out in outcome 12, were at full occupancy there was a risk of a negative effect on residents privacy and dignity associated with toileting needs.

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):

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

Findings:

There was a suitable staff skill mix and staffing numbers to meet the assessed needs of the residents. Staffing levels had been increased since the last inspection.

There was an actual and planned staff rota in the centre.

During the day there was two nursing staff which reduced to one at night. There were also six or seven healthcare assistants rostered during the day and three at night.

The director of nursing worked five days a week and the assistant director worked three days a week. Both of these were supernumerary to the staff working on the floor.

The inspectors reviewed a total of six staff files and found that they had the information as required by Schedule 2 of the regulations.

The person in charge informed the inspectors that all staff in the centre had received a vetting disclosure from an Garda Síochána (police).

All nurses had received an up to date registration pin from the Nursing and Midwifery Board of Ireland.

Training records confirmed that staff had completed up to date mandatory training in fire safety, safeguarding form elder abuse and manual handling. All nurses had also completed annual medication management training.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Helen Lindsey
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:	Clontarf Private Nursing Home
Centre ID:	OSV-0000127
Date of inspection:	15/08/2017
Date of response:	19/10/2017

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:

Outstanding issues relating to the premises, and privacy and dignity of residents indicate there are insufficient resources to ensure effective delivery of care.

1. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of

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

purpose.

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

The Registered Provider is reviewing the plans for the nursing home to be submitted to DCC, to ensure the home has sufficient resources to meet the effective delivery of care in accordance with the statement of purpose, please see appendix 1.

Proposed Timescale: 30/11/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Use of 'as required' (PRN) medication was not supported by clear guidance on the specific circumstances under which restraint is being considered.

2. Action Required:

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

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

The use of "as required" (PRN) medication as prescribed by a residents GP has been reviewed and there is a very clear process including specific circumstances, within the relevant residents care plans, to provide guidance to staff under which a PRN medication may be considered and administered. If multiple medications are prescribed by the residents GP, the GP will indicate what medication is to be given first. Each use of restraint is recorded in an Incident report and tracked and reported on, on a quarterly basis.

Proposed Timescale: 12/09/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Some care plans did not set out the arrangements in place to meet the individual assessed needs of residents in all aspects of care required and would not guide staff practice. Other examples were seen where a recommendation for treatment had changed but the care plan had not been updated.

3. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

An Audit and review of each residents care plan has been commenced by the PIC and ADON to identify care plans that do not clearly set out the arrangements in place to meet the individual assessed needs of residents. Those care plans will then be written by the nursing staff under the direction of the PIC and ADON to include the arrangements in place to meet the residents assessed needs.

A sample of the care plans will be audited monthly by the PIC and ADON and feedback provided to nursing staff, to ensure care plans are maintained to the required standard and quality.

Proposed Timescale: 10/11/2017

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:

There were grab rails missing in communal toilets and showers.

There was a handrail missing in one staircase.

There was insufficient number of toilets on the top floor of the centre to meet the needs of the number of residents.

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:

Grab rails in the communal toilets and showers : Following a review of all baths, showers, and toilets additional grab rails have been installed as identified.

Proposed Timescale : Completed 12/09/2017

Handrail missing in one staircase : Additional handrail installed in fire escape as identified.

Proposed Timescale: Completed 22/09/2017

Number of toilets on top floor: Additional shower/toilet will be installed in the top floor to meet the needs of the residents.

Proposed Timescale : 31/03/2018

Proposed Timescale: 31/03/2018

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:

Due to the size and layout of the triple rooms, and one double room, if a resident wishes to use their privacy curtain this may prevent another resident in that room from accessing their bed or wardrobe.

Due to the size and layout of the triple rooms, and one double room, residents with reduced mobility or using mobility aids may not be able to access their bed or wardrobe independently.

Comfortable chairs were not available for each resident in their bedroom, thus some residents could not sit beside their bed if they wished to do so.

5. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

Privacy curtains and bed arrangements will be reviewed and altered to allow free access to wardrobes and beds for all residents. Comfortable chairs will be available for each resident in their bedrooms.

Proposed Timescale: 31/03/2018

Theme:

Person-centred care and support

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

Due to the lack of toilets on the top floor commodes had to be used on the top floor. This does not protect resident's privacy in communal rooms due to sounds and odours.

6. 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:

An additional Toilet/Shower will be installed in the Top Floor of the Nursing home. The use of commodes will continue to be monitored and care plans will be put in place if a resident is using a commode to ensure the residents dignity and privacy are maintained.

Proposed Timescale: 31/03/2018