

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Caritas Convalescent Centre
<b>Centre ID:</b>	OSV-0000020
<b>Centre address:</b>	Merrion Road, Merrion, Dublin 4.
<b>Telephone number:</b>	01 260 0609
<b>Email address:</b>	info@caritas.ie
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Caritas Convalescent Centre DAC
<b>Provider Nominee:</b>	Michael Lyons
<b>Lead inspector:</b>	Leone Ewings
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	46
<b>Number of vacancies on the date of inspection:</b>	6

## **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 un-announced and took place over 1 day(s).

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

From: 24 May 2017 11:00 To: 24 May 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 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an unannounced inspection of the centre for the purpose of monitoring compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All notifications submitted by the provider and person in charge, and unsolicited information received by HIQA since the time of the last inspection on 2 December 2015, were reviewed, and followed up by the inspector.

As part of the inspection, the inspector met with residents, relatives, staff and the person in charge. The views of staff, residents and relatives were listened to, practices were observed and documentation was reviewed. The services provided include short-stays averaging 11 days for convalescence and rehabilitation post surgery and illness. The service operates 36 public and 16 private beds, with referrals from hospitals following surgery or illness, and occasional community respite care referrals. A physiotherapy rehabilitation service operates from the centre.

Overall, the inspector found that care was delivered to a high standard by staff who were welcoming and discharged their duties in a respectful and dignified way. Evidence of safe practice was found throughout the inspection. The centre opened in 1995 and is purpose-built with a range of private and shared accommodation.

One action plan at the end of this report identifies an improvement required with documentation of health and safety and risk management in order to fully comply with the regulations.

**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:**

The person in charge gave the inspector a copy of the annual review of quality and safety for 2016. This document detailed quality improvement initiatives for 2017 which were currently being implemented. This review met all the requirements of the regulations and feedback had been obtained about service provision from residents which informed it's content.

The centre operated in line with the specific care needs outlined in the statement of purpose. A revised statement of purpose had been submitted in 2016 to outline some exclusion criteria, which the management of the centre were found to adhere to. A detailed audit schedule was planned for 2017 and senior staff had responsibility for undertaking audit and making improvements where required. Quality improvement initiatives included promoting involvement of residents and relatives in care plans, staff training plan, and providing education on skills of management for staff nurses.

The person in charge reports to the provider and she also attends board meetings four times a year to give reports to the board of management.

**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><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The person in charge had changed shortly after the last inspection, and HIQA were notified by the provider of this change. The person in charge is a registered nurse, with management qualifications and experience as required by legislation. She was found to be a suitably qualified and experienced nurse who worked full-time in this role.</p> <p>She was observed interacting with resident's during the inspection, was well known in the centre, and she demonstrated adequate knowledge of the regulations and standards.</p>
<p><b>Judgment:</b> 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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The inspector was satisfied that safe systems were in place to protect residents being harmed or suffering abuse. There was a detailed policy to guide staff and they had received appropriate training in this area.</p> <p>Care and communication was observed to be person-centred and in an environment which promoted residents' rights. The person in charge was aware of the requirement to notify any allegation of abuse to the Authority. There had been no reports since the time of the last inspection.</p> <p>Staff spoken to were knowledgeable of the different types of abuse and the reporting arrangements in place. The inspector spoke to a number of residents who said that they felt safe and secure in the centre. Staff were guided by a policy on the protection of vulnerable adults. Staff had received safeguarding training on commencement of employment, and refreshers took place. These were facilitated by the person in charge. Records that all staff had received training were shown to the inspector. The findings of</p>
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this inspection were that the policy had been fully implemented. The person in charge informed the inspector that the safeguarding policy was under review at the time of the inspection.

A policy on the management of responsive behaviors was in place that guided practice, to inform staff where required. Staff were familiar with the residents and communication plans were in place where identified at the time of admission. A restraint free environment was in place with no physical restraint or 'as required' psychotropic medication used at the time of the inspection.

The provider and person in charge were not involved with administering funds for residents or acting as pension agents.

**Judgment:**

Compliant

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre had all the required written policies in place relating to risk management. A safety statement was also in place dated 2014, which required updating. Risk assessments were found to be in place which identified any risks and put controls in place either to minimise or fully control the risks. Although no risks were identified on this inspection, improvements were required to update and put in place a comprehensive up-to-date risk register.

The provider had a plan in place for responding to major incidents and satisfactory procedures were in place to prevent accidents. There were systems and procedures in place for the event of an emergency and staff were familiar with the safe evacuation methods for residents. Documentation was available to evidence that all safety equipment was well maintained. Systems were in place to manage risks associated with fire and implement staff training and maintain fire safety equipment. Fire doors were fitted with electronic or magnetic hold open devices which would close in the event of an emergency situation. Emergency exits and fire assembly points were clearly indicated. Annual fire safety training had taken place or was planned for the following day for all staff. Records submitted post inspection confirmed staff attendance at this training.

Infection control precautions within the centre were satisfactory. Staff were observed

undertaking hand hygiene practices at the appropriate times. The centre was clean and household staff were able to describe the infection-control procedures in place.

The person in charge had notified of an incident which took place in the external smoking area. The inspector reviewed facilities in place and found that there was a gap in terms of records of risk assessment for the use of the external smoking shelter in the grounds of the centre. The provider took some immediate action following this feedback and a risk assessment was submitted to HIQA within five working days.

**Judgment:**

Substantially Compliant

***Outcome 09: Medication Management***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Overall, medicines were found to be managed well and safe practice was observed. Medicines management audits were conducted within the centre as part of the quality and clinical governance system in place. Clear systems were in place to identify, record and review any medication errors, omissions and variances. Records were audited by the clinical nurse manager and pharmacist, and error-reporting record forms were maintained by staff to a good standard. For example, the last audit had highlighted issues with documenting resident allergies and this had now been fully addressed.

Staff confirmed that a pharmacist from the pharmacy who supplied medicines to the centre was facilitated to visit the centre and meet their obligations to residents as required by the Pharmaceutical Society of Ireland. Nursing staff were familiar with the procedure for storing, and disposing of unused or out-of-date medicines. The medication prescription sheets were clear and any refusal of medication was documented. There were no prescriptions for crushed medicines at the time of the inspection.

Residents were protected by the centre's policies and procedures for medication management. Medicines were supplied to the centre by a retail pharmacy business in a monitored dosage system which was appropriate. Medicines were stored securely in the centre in a medication trolley or within locked storage cupboards. A secure temperature-controlled fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration. Fridge temperatures were checked and recorded on a daily basis.

Medicines requiring additional storage arrangement (controlled drugs) were stored

securely within a locked cabinet, and balances were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of each shift.

The inspector observed nursing staff safely administering medicines to residents. The nurses on duty knew residents well, and were familiar with the residents' individual medication requirements. Additional measures in use at the centre included the use of name bands. Medication administration practices were found to adhere to current professional guidelines.

The inspector reviewed a number of the prescription and administration sheets and identified that practices conformed to appropriate medication management practice. The inspector reviewed records which confirmed that all nursing staff had completed mandatory training in relation to medication management. Charges in relation to medicines provided were clearly outlined in the statement of purpose and information provided prior to any admission.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained to a good standard of evidence-based nursing care and appropriate medical care. Admissions, transfers and discharges were well managed in line with policy. For example, provision of suitable equipment in preparation for transfer of a resident with a pressure ulcer from hospital.

Admissions policy and processes were reviewed with the person in charge and found to be comprehensive and detailed involving a pre-admission assessment of information and a review of suitability for short-term admission for convalescence or rehabilitation. The inspector met the two physiotherapists on-site on the day of the inspection who offered a rehabilitation service with a fully-equipped treatment room available as well as level-access wide corridors on the ground floor.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans, following a detailed assessment with evidence of resident or relative involvement at development and review. Residents with any post-operative or other pain had a full assessment, with the use of appropriate pain assessment tools. Staff were knowledgeable about pain control, and feedback from residents supported this finding.

The inspector reviewed the management of clinical issues such as wound care, post-operative care, falls management, and nutritional assessments and found they were well managed and guided by policies. Admissions and care practices were found to be well managed and organised. The inspector reviewed a sample of assessment and care plans. The person in charge and nursing staff could demonstrate a high standard of record-keeping and person-centred care plans.

Residents had access to general practitioner (GP) services three days a week, and arrangements for out-of-hours medical cover was in place. In practice should a residents condition deteriorate a transfer to the acute referring hospital or the nearby acute hospital emergency department was the preferred option. This was clearly outlined in the statement of purpose and function. As a short-term facility residents may access a full range of community public services including chiropody speech and language therapy (SALT), occupational therapy (OT) and dietetic services, on referral to the local health office or privately.

Residents were enabled to make healthy living choices and enjoyed opportunities to engage in physical activity and pastimes. Each resident has opportunities to participate in meaningful activities, and arrangements were in place for spiritual and religious practices. The inspector spoke with several residents who confirmed they enjoyed meeting visitors, spending time in the courtyard garden and walking. Some residents also chose to spend some time alone in private, and a residents' right to refuse to take part in any group activity was fully respected by staff.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

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

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

There were appropriate staff numbers and skill mix to meet the needs of residents on the days of the inspection. The inspector reviewed the actual and planned rota and found that there was enough staff on duty seven days per week to meet the specific needs and dependency of residents outlined in the statement of purpose while taking into account the size and layout of the centre. Staff were appropriately supervised and two clinical nurse managers were in post in the centre.

On the day of the inspection, the person in charge, clinical nurse manager, three staff nurses and six health care assistants were on duty. Additional staff included three catering staff, two physiotherapists, household, reception and administrative staff. Night staff comprised of two registered nurses and two care staff. The person in charge confirmed that there was some use of agency staff.

The inspector found that staff had up-to-date mandatory training. Staff had access to education and training to meet the needs of residents as outlined the statement of purpose. Staff had received a broad range of training suitable to meet the assessed needs of residents. The person in charge outlined how staff were supervised in the service. Staff appeared to be unhurried and residents confirmed the availability of staff to meet their assessed needs.

An administrative staff member provided an overview of how staff are recruited, selected and vetted in accordance with best recruitment practices. Staff recruitment was in line with policy and was found to be fully implemented to as a measure to safeguard residents, including Garda Vetting disclosures in place and full compliance with schedule 2 requirements of the legislation.

**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:***

Leone Ewings  
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>	Caritas Convalescent Centre
<b>Centre ID:</b>	OSV-0000020
<b>Date of inspection:</b>	24/05/2017
<b>Date of response:</b>	13/06/2017

#### 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 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:**

The safety statement was dated May 2014 and required updating.  
A comprehensive up-to-date risk register was not in place at the centre.

##### **1. 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.

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

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

We have contracted an external agency to assess and identify risks throughout the centre and to work with us on updating the safety statement accordingly. A meeting took place on 12/06/17 and risks identified. The Safety Statement is being updated and a comprehensive risk register being devised.

Proposed Timescale: To be completed by 30th June 2017

**Proposed Timescale:** 30/06/2017