<table>
<thead>
<tr>
<th>Centre name:</th>
<th>The Cottage Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004587</td>
</tr>
<tr>
<td>Centre address:</td>
<td>70 Irishtown, Clonmel, Tipperary.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>052 612 2605</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:paddy@wnh.ie">paddy@wnh.ie</a></td>
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<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Tipperary Healthcare Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Paddy Fitzgerald</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Catherine Rose Connolly Gargan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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<td>Type of inspection:</td>
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<tr>
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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: 15 March 2017 10:10
To: 15 March 2017 17:50

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
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</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Major</td>
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<td>Outcome 09: Medication Management</td>
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</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This report sets out the findings of an unannounced inspection to follow-up on progress with completion of actions required in the action plan developed from findings of a dementia thematic inspection conducted by the Health Information and Quality Authority (HIQA) in September 2016. Eleven of 21 action plans had been satisfactorily completed and the remaining 10 action plans were at varying levels of progress towards completion. While actions not satisfactorily completed are restated in the action plan, there were some further areas of non-compliance with the regulations found on this inspection and are also stated in the action plan. All findings of this inspection are discussed in detail throughout the report.

While governance and management systems were improved since the last inspection in September 2016, risk management monitoring procedures required improvement to ensure all aspects of the service was safe for residents and works were safely completed according to the plans submitted to the Health Information and Quality Authority (HIQA) in May 2015. On 18 October 2016 the provider applied to HIQA for
revision of the timelines to complete the plans submitted in May 2015. The inspector found on this inspection that the work required was generally on schedule and in line with the condition on the centre's registration.

Risk management procedures and processes in the centre were addressed since the last inspection, however the findings on this inspection indicated that further work was required to ensure a proactive approach to identifying and assessing areas of risk was implemented. A judgment of major non compliance was made for the outcome health, safety and risk management.

While residents' healthcare needs were met to a good standard, further improvements were identified in assessment of residents' moving and handling assessments and access to tissue viability expertise.

Residents were safeguarded from abuse and all interactions observed between staff and residents were respectful and kind. The provider gave assurances that all staff working in the centre were appropriately vetted. Residents spoken with expressed their satisfaction with the service and care they received and were happy with the improvements made to the premises particularly provision of additional communal space by means of a sitting/dining room on each floor.

The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland 2016.
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector found that since the last inspection in September 2016 systems had been put in place to ensure works were safely completed according to the plans submitted to the Health Information and Quality Authority (HIQA) in May 2015. However the system for identifying potential risks and monitoring that controls were put in place to mitigate identified risks were not sufficiently robust. On 18 October 2016 the provider applied for revision to completion timelines for the premises refurbishment and the inspector found on this inspection that the work was generally on schedule and in line with the condition on the centre's registration. Findings are discussed further in Outcome 12.

Management of the on-going refurbishment project was strengthened with processes now in place to facilitate communication between the builder, the provider and the person in charge. The provider had implemented a meeting schedule where he met with the person in charge on a weekly basis to discuss and share information about the refurbishment project. These meetings were minuted and demonstrated proactive discussion and actions taken to mitigate any negative impact on the quality of life or safety of residents. The provider also met with the building contractors on a weekly basis to plan works for the following week and to discuss any issues of concern or additional precautions required to ensure residents' safety and comfort.

While, the findings on this inspection demonstrated that all actions in the action plan from the last inspection in September 2016 were addressed and were either completed or progressed to varying stages of completion, further improvements were required to ensure residents' safety needs were comprehensively met in the centre. There was evidence that effective measures were taken to protect residents from abuse and are discussed further in Outcome 7. The provider also organised additional training for all staff in person-centred care practices and management of responsive behaviours (how
people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

The inspector found that half the action plans from the previous inspection were not completed within the agreed timeframe. The inspector also found further areas of risk in relation to fire safety management, storage of medicine trolleys and the accessibility of the external courtyard to residents. Although the person in charge had plans to implement environmental safety audits to promote a proactive risk management throughout the centre, these audits were not in place on the day of inspection and risks were still evident.

Judgment:
Non Compliant - Moderate

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
The centre's end-of-life care policy and procedures were reviewed to reflect revised interim arrangements in place pending the installation of alternative access from the first floor for the removal of deceased residents on the first floor. However, further review was required to ensure that all aspects of the revised procedure was respectful.

Judgment:
Substantially 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 centre's Safeguarding Policy was updated since the last inspection with guidance on the procedures to be followed by staff in the event of an allegation of abuse being made against any member of senior management. The inspector observed that all interactions between staff and residents were respectful and kind. Residents were addressed by staff by their referred name during all interactions observed. On the previous inspection the timeliness of staff responding to residents who required assistance was an issue and this had been addressed. All care staff had completed person-centred care training. The inspector observed that staff responded to residents’ requests for assistance promptly on the day of inspection. Residents spoken with by the inspector commented positively about staff caring for them and said they were provided with assistance without delay. All staff had completed up-to-date training in safeguarding residents from any abuse.

While there were a small number of residents who experienced responsive behaviours due to their underlying medical conditions, there were no incidents on the day of inspection. Review of these residents' documentation evidenced that their incidents of responsive behaviours were rare in the previous months and therefore indicated effective management procedures were in place. Residents' behaviour support care plans clearly identified triggers to behaviours where known and set out person-centred strategies for safely and consistently supporting these residents during periods when responsive behaviours were exhibited. Since the last inspection training in managing responsive behaviours had been completed for all staff.

There was good evidence that the person in charge and staff team were committed to working towards creating a restraint-free environment. Risk assessments were completed prior to bedrails being used. While approximately 50% of residents had bedrails in use, there was evidence of ongoing assessment of need in an effort to reduce the number of residents using bedrails. The provider had purchased additional equipment to support residents as an alternative to bedrails such as wedges, foam floor mats and sensor alarms. However in the absence of suitable alternative equipment, full-length bedrails were used for some residents as an 'enabler'. This equipment posed unnecessary restrictions to some residents exiting their bed if they wished to do so. Since the last inspection, procedures for use of psychotropic medications on a PRN (a medicine only taken as the need arises) was revised, however the inspector held the view that a further review was required to ensure that PRN psychotropic medications were appropriately used.

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

Theme:
Safe care and support

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

Findings:
The inspector found that risk management procedures in the centre had been reviewed since the last inspection with some improvements noted. A formal process had been implemented to identify new or changing hazards in the centre. Daily and weekly meeting schedules with building contractors ensured proposed works were planned so as to minimise any negative impact on residents. The hazards identified since the last inspection had appropriate control measures in place to mitigate the risk to residents' safety. However further improvement was required to ensure works were carried out safely at all times and a proactive risk management strategy was implemented to ensure residents' safety needs were comprehensively met. Although improvements were evident, there was still evidence of risk posed by building works to residents. For example, a dust-sheet was left unattended by painting contractors across the floor in the doorway to the bedroom of a resident who was at risk of falling. Signage was not in place to alert residents and others of wet-paint on some bedroom doors. These findings also did not ensure that risk assessments for planned works were comprehensive as they did not consider all risks to residents. While the provider told the inspector that newly purchased grab-rails were pending installation in toilets and showers used by residents at risk of falling, their absence was not identified as a hazard in the centre's risk register. Procedures for ensuring the centre's sluice was not accessible to unauthorised persons required review.

All staff had up-to-date training in safe moving and handling procedures. The provider purchased an additional hoist providing a hoist on each floor. Gait belts were also purchased to support residents with their mobility. The inspector observed that staff carried out safe moving and handling of residents. However, not all residents had a moving and handling assessment completed to ensure their support needs were safely met. This finding is actioned in outcome 11.

New hand gel dispensers were installed and operational throughout the centre. The dispensers were located at appropriate locations including within close proximity to bedrooms where residents with communicable infections resided. Staff were observed completing hand hygiene procedures as appropriate.

The inspector noted that many wall surfaces were painted or were in a state of readiness for painting. Furniture, including dining tables, chairs and place-mats had been replaced. Replacement of floor covering was underway with communal rooms and the flooring in the corridor on the ground was completed. However, floor covering in
some residents' bedrooms did not extend to the external edges of the floors or was damaged. This finding did not ensure that effective cleaning of this flooring areas could be carried out.

The management of cigarette smoking in the centre had been comprehensively reviewed since the last inspection. On the day of inspection one resident in the centre was a smoker. A designated smoking room was provided with adequate ventilation to the outside of the building. A fire extinguisher was available. The resident's safety needs with smoking were assessed and were observed in practice and included robust staff supervision procedures.

The inspector reviewed documentation of fire evacuation drills completed. While detailed records were completed, they did not demonstrate appropriate action taken to ensure timeliness of evacuation procedures practised. For example, evacuation timelines referenced periods of 10 and 15 minutes. The records also did not provide assurances that residents could be safely evacuated during periods when staffing levels were reduced such as at night. While there was newly installed emergency lighting and signage advising on direction to emergency exits, this signage was not visible on exiting bedrooms in a number of areas in the centre when fire doors on corridors were closed. This finding was discussed with the provider and person in charge during the inspection feedback meeting. The procedures to be followed in the event of a fire were not clearly displayed throughout the centre.

Judgment:
Non Compliant - Major

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:
Residents were protected by safe medication management practices and procedures. The inspector observed medication administration to residents by the staff nurse working in the centre on the day of inspection. All administration practices observed were in line with professional guidelines. Both medicine trolleys were locked but the arrangements for the storage of the medicine trolleys required review. The medicine trolley on the first floor was stored on a corridor and was not secured and the trolley on the ground floor was stored in an unsecured area. Medicines controlled under misuse of drugs legislation and medicines requiring refrigeration were appropriately and securely stored. Daily checking procedures were of balances and refrigerator temperatures were monitored and recorded.
Judgment: Substantially Compliant

**Outcome 10: Notification of Incidents**
_A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector._

**Theme:**
Safe care and support

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

**Findings:**
The person in charge was aware of the statutory notifications to be submitted to HIQA and the associated timelines. Use of chemical restraint was included on the quarterly return for quarter four 2016. To the inspector's knowledge all other notifications were submitted as required.

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

**Findings:**
The inspector found that the healthcare needs of residents were met to a good standard. Residents also had good access to GP and allied health professionals. However, the arrangements for telephone reviews by tissue viability services of complex wounds required improvement to ensure comprehensive assessment and management procedures were in place to promote the healing process. One resident was recently admitted to the centre with a grade three pressure ulcer which posed woundcare...
challenges to staff in the centre due to the extent and location of the wound.

Since the last inspection residents' care plans were comprehensively reviewed and revised appropriately. The inspector found that care plans were person-centred and clearly directed care in all areas with the exception of clear direction on frequency of repositioning schedules for residents at risk of developing pressure related skin injury. Assessments to determine residents' needs were completed with the exception of moving and handling assessments for some residents. Risk assessments completed were reviewed on a three to four-monthly basis or more often to reflect changing needs. While the physiotherapist completed moving and handling risk assessments for some residents, these assessments were not completed for all residents to ensure their safe moving and handling needs were met. In addition this finding did not ensure staff were aware of each residents' needs in this area of care. There was a low incidence of falls by residents in the centre. Care plans detailed the recommendations made by allied health professionals. A physiotherapist attended the centre on a weekly basis and completed post-fall reviews and hoist sling sizing assessments for residents who required a lifting hoist to support their mobility needs.

Daily electronic records reviewed on this inspection consistently documented care given to residents including positional changes and records of oxygen saturation levels. Care plans were developed and reviewed in consultation with residents and their families where appropriate and a record of these consultations and the persons present was available.

Residents with evidence of any unintentional weight loss were closely monitored and residents were given timely assistance by staff as necessary to support their eating and drinking needs.

**Judgment:**
Non Compliant - Moderate

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**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:**
Timelines for completion of the plan of works submitted to HIQA were revised by the
provider since the last inspection in September 2016. The revised completion timelines to bring the centre into compliance are attached to the centre’s registration with HIQA. The inspector found that the works to be completed by the 31 March 2017 to the communal sitting/dining rooms were nearing completion and were within the timescale specified. Painting was in progress to bring communal corridors on the ground and first floors to completion. A handrail was missing on a part of one corridor to two twin bedrooms on the first floor. Communal toilets and showers were upgraded and with the exception of the installation of grab-rails as planned were nearing completion. Although in progress, further works were required to complete a new communal reception area. The original entrance to the centre and the reception area was in use on the day of this inspection pending completion of the new entrance area. The sluice room on the ground floor was also upgraded and as discussed in Outcome 8, required review to ensure unauthorised access was prevented.

A small external courtyard was available to residents. While weather conditions on the day of inspection were not conducive to going outside, the courtyard was not safely accessible if residents chose to go out, due to building rubble and items of unused clinical equipment. The flowerbeds around the courtyard also required attention. While some work was undertaken to ensure residents could access the external courtyard safely, further work was required to remove rubble and unused equipment. The provider advised the inspector that work was underway to clear this area.

The second phase of the plan of works involving refurbishment of residents' bedrooms and relocation of the staff office to the new reception area is due to commence on completion of the current works. Completion of the second phase of the project is subject to a condition of the centre's registration which specifies that works must be completed by April 2018.

The two newly refurbished communal sitting/dining rooms, one located on each floor, were spacious and bright. Each room was newly furnished and met the sitting and dining needs of residents who used them on the day of inspection. New curtains were fitted on windows and staff in consultation with residents had commenced decorating the rooms with pictures and photographs. All residents were provided with a comfortable chair in their bedrooms. The communal rooms were decorated for St Patrick's Day celebrations. However, the inspector formed the judgement that the comfort of these rooms could be improved for residents with use of familiar memorabilia such as ornaments, lamps and furnishings. There was no separate room for residents to meet their visitors in private. There was also an absence of suitable storage for hoists and staff lockers. A hoist and staff lockers were stored along a corridor to residents' bedroom accommodation on the first floor and a hoist was stored in the smoking room on the ground floor. There was an absence of appropriate storage for the medication trolleys. All residents were provided with a comfortable chair in their bedrooms.

There was a lift between the ground and the first floor which only functioned if the passenger kept their finger on the button. Since the last inspection the provider completed a risk assessment to ensure the safety of residents and others using the lift was met. The provider has put controls in place to ensure safe use including installation of an alarm button to alert staff if a passenger needed assistance. Signage displayed and documented controls in the risk management documentation advised that residents
were to be accompanied at all times by a member of staff, whilst using the elevator. The person in charge advised the inspector that a designated safety key was available to ensure the elevator could be summoned back to floor level in an emergency.

All areas of the centre were visibly clean and cleaning staff were rostered on duty over seven days each week. However, incomplete and damaged floor covering in bedrooms and unpainted wall surfaces in a number of areas did not ensure effective cleaning could be assured. The surface on the back of one chair used by a resident in the sitting/dining room on the ground floor was torn.

Judgment:
Non Compliant - Moderate

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

**Findings:**
There were no complaints recorded in the complaints log since the last inspection. The person in charge confirmed that no verbal or written complaints were received by the centre since the last inspection. The inspector observed that the details of the investigation, outcome and satisfaction of the complainant were recorded for a complaint received in September 2016 from a relative regarding dissatisfaction with the level of care given to a resident.

Since the last inspection, a person was nominated to oversee that all complaints were appropriately responded to. This information is documented in the revised complaints policy for the centre.

Judgment:
Compliant

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

Theme:
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Since the last inspection, the person in charge had taken action to ascertain each resident’s personal preferences and choices including the times they had their breakfast or retired to bed at night. This information was regularly reviewed and updated as necessary. Two residents told the inspector that they liked to have their breakfast in bed and get up at their leisure later in the morning. Provision of an additional communal sitting/dining room on the first floor and an extended sitting/dining room on the ground floor ensured all residents could eat their meals comfortably with others if they wished. Some residents chose to eat their meals in their bedrooms and their wishes were respected. Some other residents who spoke with the inspector preferred to return to their bedrooms after tea each evening to watch their favourite television programmes and to meet their visitors. One resident told the inspector that she likes to change into night attire and relax in bed after tea. This information was documented in individual residents’ care records to inform staff of their care preferences.

Residents did not have free access to an outdoor space and residents with cognitive impairment required a staff member to accompany them in the lift to the ground. A small external courtyard was available to residents. While weather conditions on the day of inspection were not conducive to going outside, the courtyard was not safely accessible if residents chose to go out due to building rubble and items of unused clinical equipment. As a visitors’ room was not available, residents could not meet their visitors in private outside of their bedrooms. However, residents spoken with were not unduly concerned with meeting their visitors in these areas. One resident spoken with by the inspector said they would like to rest and relax in a quiet room if it was available. These findings are also discussed and actioned in Outcome 12.

Judgment:
Substantially 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.
**Findings:**
Following the last inspection in September 2016, the provider recruited an additional carer from 18:00hrs to 22:00hrs each evening. The person in charge told the inspector that rostering of five care staff up to 20:00hrs and two care staff up to 22:00hrs ensured that residents' wishes and preferences regarding how they spent their evening could be facilitated. Residents spoken with also confirmed to the inspector that choices were respected at all times. Staffing levels and skill mix were kept under review by the person in charge to ensure the needs of residents were met.

Staff were facilitated to attend additional training to meet their professional development needs. Training records referenced staff training since the last inspection in management of responsive behaviours and safe moving and handling procedures, fire safety and evacuation drills, medication management and person-centred care practices. Some of this training was done by staff online; the person in charge had recently put procedures in place to follow-up on staff who did not achieve the learning outcomes. However, the training processes could be more comprehensive with individualised face-to-face support for staff who did not achieve minimum learning outcome test scores. All observations by the inspector of staff interactions and care provided to residents was appropriate, respectful and in line with best practice procedures.

**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:**

Catherine Rose Connolly Gargan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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<td>OSV-0004587</td>
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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:
Management systems required further improvement to ensure effective environmental monitoring processes were implemented to inform a proactive approach to safety in the centre.

1. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
ensure that the service provided is safe, appropriate, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
An environmental audit will be conducted on a weekly basis until the building work is completed. This will help identify any potential risks posed to residents and staff during the ongoing construction. Following completion of the building, the audit will be conducted on a 3 monthly basis.

**Proposed Timescale:** 07/04/2017

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

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Further review was required of the centre's end-of-life care policy and procedures to ensure that all aspects of the revised procedures following the death of a resident on the first floor of the premises was respectful.

2. **Action Required:**
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

**Please state the actions you have taken or are planning to take:**
End of life policy has been updated to reflect the procedures following the death of a resident on the first floor.

**Proposed Timescale:** 30/03/2017

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**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:
In the absence of suitable alternative equipment, full-length bedrails were used for some residents as an 'enabler'. This equipment posed unnecessary restrictions to some residents exiting their bed if they wished to do so.

Procedures to ensure appropriate use of PRN psychotropic medicines required improvement

3. **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:**
Restraint reduction has commenced for residents using restraint. Meeting to be held
with staff to discuss restraint reduction. A 3 day restraint free chart to be completed on
admission. Following this, a careplan and risk assessment to be completed if restraint is
required.
In addition to the section on PRN psychotropic medications administration in the
residents kardex, an additional section has be introduced in the psychotropic medication
audit to monitor our effective management in the appropriate use of PRN psychotropic
medication

**Proposed Timescale:** 30/04/2017

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**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:**
Improvement was required to ensure works were carried out safely at all times and a
proactive risk management strategy was implemented to ensure residents' safety needs
were comprehensively met.

4. **Action Required:**
Under Regulation 26(1) you are required to: Ensure that the risk management policy
set out in Schedule 5 includes all requirements of Regulation 26(1)

**Please state the actions you have taken or are planning to take:**
At present a daily hazard analysis is carried out in regard to ongoing building works and
to identify control measures. We will ensure that these control measures are
implemented especially by external contractors by a more thorough explanation to each
contractor and regular spot checks during building works.

**Proposed Timescale:** 01/04/2017

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Risk assessments for planned works were not comprehensive in that they did not
consider all risks to residents, for example, a dust-sheet was left unattended on the
floor in a resident's bedroom doorway.
5. **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:**
We will evaluate our current risk assessments especially those regarding building works with a greater emphasis to resident risks that develop due to such works.

**Proposed Timescale:** 07/04/2017  
**Theme:** Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The absence of grab-rails in toilets and showers and a handrail in a corridor used by residents at risk of falling were not identified as a hazard in the centre's risk register.

Procedures for ensuring the centre's sluice was was not accessible to unauthorised persons required review.

6. **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:**
While we had previously noted the lack of handrails and grab rails in an earlier hazard report and this was in fact detailed on our action plan subsequent inspections did not re-enter these hazards. We have noted this and informed the person responsible for inspection of hazards to include the same risks even if they have been noted previously. The hazards have since been eliminated.

**Proposed Timescale:** 01/04/2017  
**Theme:** Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Floor covering in some residents' bedrooms did not extend to the external edges of the floors or was damaged and therefore did not ensure that effective cleaning could be carried out.

7. **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:
The floor covering has been repaired. New floor coverings will be done in each room as per the schedule of works.

**Proposed Timescale:** 07/04/2017

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire evacuation drills did not demonstrate appropriate action taken to ensure timeliness of evacuation procedures practised.

Records of fire evacuation drills did not provide assurances that residents could be safely evacuated during periods when staffing levels were reduced such as at night.

Signage advising on direction to emergency exits was not visible on exiting bedrooms in a number of areas in the centre when fire doors on corridors were closed.

8. Action Required:
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:
A section for the timeframe of an evacuation has been added to the fire drill record sheet. A night evacuation drill will be developed to ensure that residents can be safely evacuated during the periods when staffing levels are reduced. Additional signage to be put up so that residents will be aware of emergency exits in the case of a fire.

**Proposed Timescale:** 30/04/2017

**Theme:**
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The procedures to be followed in the event of a fire were not clearly displayed throughout the centre

9. Action Required:
Under Regulation 28(3) you are required to: Display the procedures to be followed in
the event of fire in a prominent place in the designated centre.

**Please state the actions you have taken or are planning to take:**
Additional signage to be put up around the nursing home to aid residents and staff on the procedure in the event of a fire for both day and night evacuation.

**Proposed Timescale:** 30/04/2017

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### 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:**
Medicine storage trolleys were not appropriately stored and one medicine trolley on the first floor was not secured as recommended.

**10. 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:**
We now only use one Medication trolley for both floors and is now kept in a locked room when not in use.

**Proposed Timescale:** 30/03/2017

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### Outcome 11: Health and Social Care Needs

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
While the physiotherapist completed moving and handling risk assessments for some residents, these assessments were not completed for all residents to ensure their safe moving and handling needs were met.

**11. Action Required:**
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
Physiotherapist will continue with current manual handling assessment tool but will
include a more detailed and individual assessment of each resident. An illustrated manual handling form will be completed and put in each residents room on the inside door of their wardrobe.

**Proposed Timescale:** 30/04/2017  
**Theme:** Effective care and support  

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
The arrangements for telephone reviews by tissue viability services of complex wounds required improvement to ensure comprehensive assessment and management procedures were in place to promote the healing process.

12. **Action Required:**  
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

*Please state the actions you have taken or are planning to take:*  
We have contacted our providers and have informed them that we no longer are able to accept an over the phone assessment. We have requested onsite reviews for residents which require TVN support.

**Proposed Timescale:** 03/04/2017  
**Theme:** Effective care and support  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Clear direction on frequency of repositioning schedules for residents at risk of developing pressure related skin injury was not evident in some care plans.

13. **Action Required:**  
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

*Please state the actions you have taken or are planning to take:*  
Care plans for residents at risk of developing pressure sores or other skin related injury have being updated to include frequency of repositions

**Proposed Timescale:** 03/04/2017
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:
A small external courtyard for residents' use was not safely accessible.

There was no separate room for residents to meet their visitors in private.

There was an absence of suitable storage for hoists and staff lockers.

There was an absence of appropriate storage space for the medication trolleys.

The floor covering in some bedrooms was incomplete and/or damaged. Some wall surfaces were unpainted wall surfaces.

The surface on the back of one chair used by a resident in the sitting/dining room on the ground floor was torn.

14. **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:
The courtyard has now been cleared of any building debris that occurred during construction and the yard has been fully cleaned.
We now have a second residents sitting area upstairs that is usually quiet. We hope that this can be used for visitors until we can develop a new area.
A new staff area will be developed in an existing annex. This will have showering, catering and storage facilities for the staff.
All bedrooms are due for renovation as per the works schedule previously submitted this will include all new flooring.
The chair in question has been removed.

**Proposed Timescale:** 31/12/2017

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:
Residents did not have free access to an outdoor space and residents with cognitive impairment on the first floor required a staff member to accompany them in the lift if
they wished to go to the ground floor.

15. **Action Required:**
Under Regulation 09(3)(e) you are required to: Ensure that each resident can exercise their civil, political and religious rights.

**Please state the actions you have taken or are planning to take:**
In order to allow all residents access to the whole of the home a policy on the usage of the Lift will be introduced and all residents will be risk assessed to determine if they are capable to use the lift independently or require assistance.
The outside areas are now safe and clean for all residents.

**Proposed Timescale:** 30/04/2017

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**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Further review was required to ensure staff completing online training achieved learning outcomes.

16. **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:**
Following a low score in any training the staff member will have a face to face meeting with the PIC who will investigate the areas of concern and instruct in the correct methods or procedures. Also performance reviews will take place especially of these staff members who have shown some areas of weakness.

**Proposed Timescale:** 30/04/2017