



# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Carysfort Nursing Home
Name of provider:	Breda Pakenham & Edward Pakenham Partnership, trading as Carysfort Nursing Home
Address of centre:	7 Arkendale Road, Glenageary, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	06 July 2018
Centre ID:	OSV-0000022
Fieldwork ID:	MON-0024280

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The designated centre provides 24- hour nursing care to 51 residents, male and female who require long-term and short-term care. Residents assessed as having dementia can also be accommodated.

The centre is a period house with three floors and a bungalow. The ground floor contains the main communal rooms (two sitting rooms one of which is a combined sitting and dining room), and household facilities including the kitchen, laundry and sluice room. The first floor has a small sitting/dining room and a nurse's station (not fully enclosed). Bedroom accommodation located on all floors consists of a mixture of single, twin and multi-occupied rooms. In accordance with the conditions of registration four bedrooms have been identified which can only be occupied by independently mobile residents who have undergone a professional assessment in relation to their safe use of steps/stairs. This condition is subject to ongoing professional assessment as part of the care planning process as required by the residents changing needs or circumstances, and no less frequently than at four monthly intervals. There are sanitary facilities on all floors.

The philosophy of care is to meet residents' individual needs in a homely environment.

**The following information outlines some additional data on this centre.**

Current registration end date:	13/02/2018
Number of residents on the date of inspection:	51

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
06 July 2018	08:30hrs to 16:00hrs	Siobhan Kennedy	Lead
06 July 2018	08:30hrs to 16:00hrs	Brid McGoldrick	Support
06 July 2018	08:30hrs to 16:00hrs	Niall Whelton	Support

## Views of people who use the service

Residents who communicated with the inspectors were positive regarding the care provided/received. In particular, residents were enthusiastic about food and mealtimes, arrangements for visitors, the choices they could make, activities and staffing. Residents were able to identify a staff member who they would speak with if they were unhappy with something in the centre. None of the residents who communicated with the inspectors had any concerns about the care that they receive and no suggestions to further improve the services.

## Capacity and capability

The registered provider had made significant improvements in the systems of governance and management arrangements put in place for this centre since the last inspection.

The previous inspection carried out on 13 December 2017 and 10 January 2018 identified that the governance and management systems in place required review and improvement to ensure that the service provided was safe and effectively monitored.

Risks were identified in relation to fire safety and the Office of the Chief Inspector, on notice to the registered provider, subsequently referred the designated centre to the Chief Fire Officer.

Since the previous inspection the registered provider had engaged an external company to carry out a review of the premises and had also undertaken a legal review of their management structures.

During the course of this inspection one of the partners from the registered provider partnership described and explained the improvements that had been made with regard to the management of the centre. On the day of the inspection, the registered provider was in compliance with conditions of their registration and inspectors saw that the measures taken to date had resulted in the provision of a safer service for residents.

While some matters were still outstanding one of the partners from the registered provider partnership present on the day of the inspection engaged proactively with the inspectors and committed to addressing any outstanding issues. Notably the systems of governance and management required review to ensure that

- a vetting disclosure in accordance with the National Vetting Bureau

(Children and Vulnerable persons) Act 2012 is in place in respect of each member of staff. Inspectors met a person entering the kitchen, who confirmed was coming in to work. The provider confirmed that the staff member did not have the necessary vetting.

- appropriate systems were in place for the storage and management of records.
- the statement of purpose to reflect accurately the designated centre and the service provided.

#### Registration Regulation 4: Application for registration or renewal of registration

The registered provider made application to renew the registration of the centre under the Section 48 (1) of The Health Act 2007 and the registration of the designated centre will remain in effect until a decision has been made under Section 50 of the Health Act 2007.

Up-to-date and accurate floor plans have not been submitted as part of the information required for the renewal of registration.

Judgment: Substantially compliant

#### Regulation 19: Directory of residents

The totality of the information set out in schedule 3 was not maintained in a single directory.

Judgment: Substantially compliant

#### Regulation 21: Records

The registered provider did not maintain records as per the regulation:

- records were not stored in a safe and accessible manner
- a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 had not been obtained for one person in the designated centre.
- the roster, which is the official record of those present in the centre on any given day, did not include one member of staff.

Judgment: Not compliant

### Regulation 3: Statement of purpose

An accurate statement of purpose is a requirement of any application to renew the registration of the designated centre. The statement of purpose available for this inspection still did not contain the totality of the information set out in Schedule 1 including:

- an accurate description (either in narrative form or a floor plan) of the rooms in all parts of the designated centre including their size and primary function.
- the criteria used for admissions to the centre, including the designated centre's policies and procedures (if any) for emergency admissions.
- the associated emergency procedures.
- the information set out in the Certificate of Registration
- an accurate organisational structure of the designated centre (the details in respect of the assistant director of nursing who manages the centre in the absence of the person in charge were omitted).

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

Records and policies (the management of emergencies policy and records of fire practices and drills) identified on the previous inspection as requiring review had been reviewed.

Judgment: Compliant

## Quality and safety

Significant improvements were found on this inspection which had improved the quality and safety of the service provided for residents.

The previous inspection found compliance with many of the regulations which underpin the quality of resident care including meeting the health and social care needs of residents, medication management and suitable staffing levels. Therefore compliance with these regulations was not reviewed again during the course of this inspection. This inspection focused on the key areas of risk identified during the last

inspection including fire safety and risk management.

The main areas of concern identified on the last inspection were:

- inadequate containment measures, particularly the main escape stairway and some fire risk rooms
- adequate means of escape was not provided for all residents.

In interactions following the inspection, 13 December 2017 and 10 January 2018 the Office of the Chief Inspector did not receive the necessary information or assurances that the registered provider was addressing the identified areas of risk.

On this inspection, inspectors found that the registered provider had taken measures to significantly improve the level of fire safety both in terms of the physical building and the practices in place. This was evident by the considerable work that had been carried out to the building, and the arrangements now in place for detecting, containing and extinguishing fires. This was a work in progress with further improvements planned to ensure the safety of residents.

- In particular the registered provider had made adequate arrangements for detecting, containing and extinguishing fires. The building was now adequately subdivided with construction that would resist the passage of fire. This included adequate protection to the internal escape stairs, fire risk rooms and the further subdivision of areas of the building into fire rated compartments providing relative places of safety during an evacuation. Fire doors throughout were reviewed and either upgraded or replaced and were found to be in good working order. The new fire doors across circulation routes were fitted with magnetic hold open devices connected to the fire detection and alarm system which meant that fire doors did not impede day to day circulation for residents within the building. The external escape routes to the rear had been improved.
- The registered provider had arranged for a new fire detection and alarm system and emergency lighting system, including new exit signage, to be installed and this work was complete.

This inspection also found that the registered provider had reviewed the layout, occupancy levels and space provision in some bedrooms and changes implemented to date had increased residents' privacy and dignity including;

- Bedroom 4: the wash hand basin and a bed were repositioned to create more space for residents.
- Bedroom 6: the entrance to the bedroom was relocated optimising the layout of the room.
- Bedroom 7: occupancy was reduced in compliance with the conditions of registration enhancing the space available for residents occupying this room.

In addition, the registered provider informed the Office of the Chief Inspector that plans were in place for

- the installation of a ramp at the front entrance steps.

- the installation of additional shower rooms on the ground and first floors.

Outstanding issues pertinent to regulations 17 and 28 found on this inspection which require review are set out below.

In addition this inspection also identified issues pertinent to risk management and infection control which required review by the registered provider. These issues are also set out under the relevant regulations in this report.

The inspectors were satisfied that although some further work is required to address all identified regulatory non-compliances the above actions undertaken by the Provider have improved the quality and safety of the service provided.

### Regulation 17: Premises

The finding of this inspection is that some aspects of the premises still do not conform to schedule 6 of the regulations.

Specifically the premises does not have:

- sufficient shower facilities appropriately located to meet the needs of residents.
- sufficient appropriate storage facilities for equipment, linen and records.
- adequate means of resident access to the front entrance of the centre and other areas of the centre.
- appropriate curtain screening in all shared bedrooms.
- the layout of some multi-occupancy rooms had not been optimised.

In addition the registered provider is required to:

- correct uneven flooring levels in some parts of the designated centre.
- install grab rails on the walls in toilets which did not have them.
- replace stained carpet outside a staff toilet.

Judgment: Not compliant

### Regulation 26: Risk management

The following unidentified and unaddressed risks were identified during this inspection:

- some wardrobes were not secured to the wall and were in danger of toppling when a door or drawer was being opened.
- an unlocked external wooden shed storing chemicals was accessible to

residents.

- the placement of furniture in room 17 hindered access to a wash hand.

Judgment: Substantially compliant

### Regulation 27: Infection control

The registered provider did not ensure that procedures and practices consistent with standards for the prevention and control of health care associated infections were implemented by staff including:

- the management of waste material.
- the systems in place to ensure good hand hygiene practices.
- the cleaning systems in use for example
  - Cleaning schedules were not completed accurately.
  - Appropriate color coding of cleaning mops so it is possible to identify those mops used to clean bathrooms from those used to clean dining and cooking areas.
- storage practices for example
  - Clean continence products and hoist slings were stored openly in toilets/shower rooms.
  - Clean and dirty laundry were stored in the same area.

Judgment: Not compliant

### Regulation 28: Fire precautions

The work to the building was not yet complete but the outstanding works were minor and inspectors were told that there was a plan in place to complete these works; for example, filling holes for service penetrations to prevent the ingress of fire and smoke and completion of gaps around new fire door assemblies.

The external escape routes to the rear had been improved, however at the time of inspection, there was a clinical waste bin obstructing an escape route along a gravel path.

Evacuation drills were taking place on a regular basis but inspectors found improvements were required in this regard. For example, when speaking to staff regarding evacuation from one room, inspectors were not satisfied that the procedure had been fully thought out, particularly in relation to the arrangement of furniture and the process for disconnecting air mattresses. This particular room had not formed part of a drill. The person in charge provided assurance to inspectors by

confirming that this would be reviewed and would form part of the next fire evacuation drill. Drill records were not sufficiently detailed and drill exercises included evacuating just one room and not a fire compartment.

Fire safety notices were appropriately displayed, however they were not sufficiently detailed to ensure that the procedures to be followed in the event of a fire were adequately displayed. There were drawings displayed throughout the building, however these had not been updated to reflect the altered layout of the building. This may lead to confusion for staff during an evacuation.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant

# Compliance Plan for Carysfort Nursing Home OSV-000022

Inspection ID: MON-0024280

Date of inspection: 06/07/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: The Registered Provider confirms that an updated floor plan in compliance with Regulation 4 will be sent to the Office of the Chief Inspector (Registration Section) by e-mail before close of business on Friday 5 October 2018	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Registered Provider confirms that all information required by Schedule 3 was included in the Nursing Home's single directory of residents immediately following the Inspection on 6 July 2018	
Regulation 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The Registered Provider confirms that:  (i) all records relating to the Nursing Home and its residents are stored in a safe and accessible manner; and (ii) a vetting disclosure in accordance with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 is in place in respect of all members of staff.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Registered Provider confirms that an updated Statement of Purpose reflecting the name and details of the Registered Provider and the items identified in the report on the inspection dated 6 July 2018 will be submitted to the Office of the Chief Inspection by	

close of business on Friday 5 October 2018.	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Registered Provider assures the office of the Chief Inspector and confirms, that on the advices of an independent recognised regulatory consultant and in compliance with the Regulations:</p> <ol style="list-style-type: none"> <li>1. there is a sufficient number of wash handbasins in the Nursing Home which are fitted with a hot and cold water supply, incorporating thermostatic control valves with anti-scalding protection since April 2018; and</li> <li>2. there is a sufficient number of toilets in the Nursing Home, including toilets which provide access for residents in wheelchair, having due and proper regard to the number of persons using wheelchairs in the Nursing Home.</li> </ol> <p>The Registered Provider assures the office of the Chief Inspector that the following actions will be taken with respect to bath/shower facilities in the Nursing Home before 31 May 2019 subject to all applicable laws, regulatory requirements and consents:</p> <ol style="list-style-type: none"> <li>3. We shall remove toilet J and install a wheelchair accessible bath;</li> <li>4. Dublin fire brigade have instructed us to remove the hair dressing saloon on the first floor. We will convert this area to a wheelchair accessible bathroom to include bath, toilet and WHB;</li> <li>5. The bed number in Room 6 shall be reduced from three to two beds, with the Chief Inspector's permission, and reconfigured to include an en suite bathroom, to comprise a shower, toilet and wash hand basin.</li> <li>6. A storage area on the ground floor underneath the main stairs and another storage area beside the new wheelchair accessible bathroom on the first floor has been identified. The Registered Provider further assures the office to the Chief Inspector that before 31 May 2019.</li> </ol> <p>The Registered Provider assures the office of the Chief Inspector that:</p> <ol style="list-style-type: none"> <li>7. the uneven flooring has been rectified;</li> <li>8. any toilet walls that did not have a grab rail in place have been identified and rails installed;</li> <li>9. the carpet with a bleach stain has been replaced;</li> <li>10. on the advices of an independent recognised regulatory consultant a portable ramp called a "rollaramp" is in situ to enable access to the Nursing Home at the front door and outside the kitchen door; and</li> <li>11. the curtain rails have been realigned in respect of screening and the layout of the multi-occupancy rooms have been optimized.</li> </ol>	
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk	

management:

The wardrobes in question have been secured to the wall. A lock has been put on the external wooden shed that stores chemicals. The furniture in room 17 has been rearranged.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The yellow waste bin has been moved to a new location. An up to date audit has been done on hand hygiene. New colour coded buckets are in operation. Continence products and the hoist slings are now stored correctly in a cupboard. Clean linen is now stored in a new cupboard.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
All holes and gaps for service penetrations have been filled in. As have the gaps around the new fire door assemblies.

The clinical waste bin has been moved to a new location.

A timed Fire evacuation drill was performed on the room in question on 07/08/2018.

Future monthly drills exercises shall include evacuating the different fire compartments in the building.

Fire safety notices have been updated. Updated drawings are now displayed to reflect the current layout of the building

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	05/10/2018
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	As per numbering above:  1 & 2 Completed  3, 4, 5 & 6 to be completed by 31 May 2019

				7, 8, 9, 10 & 11 Are Completed
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	23/08/2018
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	23/08/2018
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	23/08/2018
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	23/08/2018
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections	Not Compliant	Orange	23/08/2018

	published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	23/08/2018
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	23/08/2018
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	23/08/2018
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of	Substantially Compliant	Yellow	23/08/2018

	residents.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	23/08/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	23/08/2018