



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	College View Nursing Home
Name of provider:	College View Limited
Address of centre:	Clones Road, Cavan
Type of inspection:	Unannounced
Date of inspection:	09 January 2019
Centre ID:	OSV-0000128
Fieldwork ID:	MON-0022171

About the designated centre

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

College View Nursing home is a purpose built nursing home located in landscaped gardens on an elevated site within the Cavan town opposite St Patrick's College on the Clones Road. The centre is registered to accommodate a maximum of 70 residents, both males and females, over the age of 18 years on a long term and short stay, respite and convalescence basis. The centre provides care for a wide range of age related conditions such as general nursing care for elderly residents, Old Age Psychiatry, dementia specific care, respite care, post operative care and palliative care. The nursing home is a single storey facility (1 bedroom located upstairs) and residents are accommodated in 62 single bedrooms and 4 twin rooms with their own en-suite bathroom facility. The town can be accessed by wide footpaths which have been extended to meet the drive into the nursing home. There are extensive gardens over an acre which include raised flower beds, extensive lawns and secluded sun and patio areas for those residents who like to sit outside.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	68
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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
09 January 2019	10:30hrs to 17:30hrs	Manuela Cristea	Lead
09 January 2019	10:30hrs to 17:30hrs	Sheila McKeivitt	Support

Views of people who use the service

Conversations with residents during the inspection were all positive in respect to their view on the provision of care, facilities and services provided in the nursing home. Residents stated they had choice over how they spent their time and had access to daily activities, daily newspapers, Tv and radio. There was good access to religious services and arrangements in place for community groups to visit the centre.

All residents spoken with were complimentary of the food, the variety and choice available to them, with one resident stating 'you couldn't ask for better'. Residents told the inspectors that they were well cared for in the centre, the staff were very good to them, polite, courteous and friendly. They described to the inspectors how well they got on together and how they enjoyed their time. They confirmed that they felt safe in the centre and if they had a worry or concern they knew who to speak to.

Capacity and capability

Overall, this was a good centre with good governance and management structures in place to deliver service to the residents. However, improvements were required in order to ensure that residents were adequately protected. Oversight of service required improvement to ensure the service was safe, appropriate and effectively monitored in relation to staff's knowledge, training and recruitment. Actions identified in the previous inspections had been acted upon.

The centre was led by a person in charge, who was an experienced nurse working in that role since 2001. At the time of inspection neither the person in charge or the provider representative were on site, but effective deputising arrangements were in place to ensure good day to day management. Inspectors were satisfied with the available evidence of comprehensive and ongoing auditing on various clinical areas such as nutrition, wound care, the use of restraints, infection control and the laundry services. The senior nurse who had responsibility for the service in the absence of the person in charge was familiar with the legislative responsibilities of this role. Inspectors viewed records of regular inspections by the registered provider and spot checks at night time completed by the person in charge and were satisfied that there was good oversight on the running of the centre and quality of care provided. Where improvements were identified, action plans to address the failings were in place and all but one, in relation to staff training had been

implemented. There was an annual review of the quality and safety of care delivered to the residents completed for 2018. This included consultation with residents and families.

However, all reasonable measures to safeguard residents from abuse were not taken. Inspectors found that not all staff had Garda vetting in place prior to commencing employment as per regulatory requirements as well as centre's own recruitment policy. Further improvement was also required in the monitoring and oversight of staff training. More than a quarter of staff employed had not completed the mandatory training in safeguarding vulnerable adults and a small number of staff had no knowledge of elder abuse and did not know what to do in relation to the detection, prevention and response to abuse. Despite this, the level of complaints was low and there had been no allegations of abuse notified or reported.

Staff deployment and supervision of residents also required review to ensure staff on duty were visible to residents, accessible and available throughout the day when they needed support. The communal sitting area in the special care unit (for residents with advanced dementia) was lively, stimulating and observed to be a hub of activity. Residents appeared engaged and enjoying quality time there. This was in contrast with the other two communal areas in the centre, where there was noticeably less supervision. This was of significant importance for the residents who were unable to leave the chairs or to summon assistance due to the cognitive impairment.

There was at least one staff nurse on duty at all times and inspectors found that the number and skill mix of staff was appropriate having regards to the needs of the residents. Inspectors were informed that there were no vacancies. There was appropriate supervision in place to oversee the newly recruited staff, with induction arrangements, regular appraisals and performance monitoring. On the day of inspection one senior staff nurse had been rostered supernumerary in order to provide supervision and guidance. Inspectors followed up on information received in relation to staff shortages and this was not substantiated. Conversations with staff and residents confirmed that there was sufficient numbers of staff on duty to provide adequate care. The centre did not use agency and staff said that they covered for each other when sickness or shortages arose. Inspectors noted that staff had access to and some had completed various courses such as dementia care, palliative care, restraint training, infection control, communication, complex behaviour etc.

All contracts for the provision of services were signed by the resident or their representative and contained detailed information on the services and facilities provided as well as the fees charged for services. The contracts for the twin bedroom accommodation did not clearly specify the number of occupants in the room as per amended regulations (SI 293/2016). The length of notice given by the provider to the resident for termination of contract also required review in order to ensure discharges from the centre occurred in a planned and safe manner as per Regulation 25 (3).

There had been no complaints in 2018 and the records for previous complaints were

comprehensive. There was a policy in place and the complaints procedure was prominently displayed in the centre. The statement of purpose was reviewed and revised in the last year and contained all the information required in the Schedule 5 of the regulation.

There was good oversight of accidents and incidents. A detailed record was available for each accident and/or incident which had occurred since the last inspection, these had been reviewed and signed off by the person-in-charge.

Regulation 15: Staffing

The numbers and skill mix of staff were appropriate to meet the needs of the residents. There was at least one staff nurse present at all times on the premises and all nurses had their registration up to date.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors noted and staff confirmed that they had access to training. The majority of staff had up-to-date mandatory training completed on manual handling practices and fire evacuation. However, a number of staff had not completed the required mandatory training in safeguarding of residents. This was despite the fact that they had been employed in the centre since September and October 2018. This is actioned under regulation 8.

Judgment: Compliant

Regulation 23: Governance and management

There is a clearly defined management structure in place and adequate resources to support the delivery of care. The centre had an annual review and a quality management system was in place which included comprehensive audits with reviews of incidents, pressure ulcers, infection control, restraints, nutrition. However better monitoring and oversight of training needs and recruitment practices is required in order to ensure a safe, appropriate and consistent service is provided.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts of care required review. The contracts of care detailed the room to be occupied by the resident but did not detail whether the room was a single or shared bedroom as required by the 2016 regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose outlined the facilities and services, provided details about the management and staffing and described how the residents' well being and safety was being maintained. It had been reviewed and revised in the past year in accordance with the Regulation.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers working in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all notifiable incidents were brought to the attention of the Office of the Chief Inspector in a timely manner.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. The complaint

records contained detailed information on the nature of complaint, the investigation and the outcome, including whether the complainant was satisfied with the measures put in place and outcome. The complaints policy and procedure was widely displayed throughout the centre and staff and residents were familiar with the process.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures that met the requirements of the regulations were in place but not all were fully implemented in practice. The staff recruitment policy required review and update.

Judgment: Substantially compliant

Quality and safety

Inspectors found that residents were receiving a good standard of care and support and enjoyed a good quality of life. There were 68 residents on the day of inspection and two vacancies. The centre was clean, warm and tastefully decorated throughout. There was a homely and calm atmosphere with call bells answered promptly.

Residents within the centre felt safe. They knew the person in charge well and confirmed that she was available to speak with them at any time. Residents stated they would not hesitate to raise any concerns regarding the quality and safety of care delivered.

The restraints levels was low and there was an ongoing commitment to reducing the number of bedrails. As a follow up from the last inspection, the risk assessment for bedrails had been changed to include assessment for residents with confusion. Regular training was provided and alternatives trialled prior to using bedrails. There was a policy and procedure in place to guide staff on meeting the needs of residents with responsive behaviours. Staff were knowledgeable of residents' needs and used positive behavioural support strategies in their daily interactions.

The person in charge acted as a pension agent for a number of residents. All financial transactions had been recently audited by the Department of Employment Affairs and Social Protection and found compliant.

There was an active residents' committee which met monthly and inspectors reviewed minutes of those meetings which were very complimentary of the care

received and the quality of life. Next meeting was planned for 14th of January 2019. Residents' rights and choices were respected and they had access to advocacy services if required. Activities were provided every day by two activity staff and residents reported they were happy with the stimulation and activities provided. The centre had pet therapy dogs coming in as well as their own budgies and Poppy the cat, of which the residents were very fond. The residents enjoyed regular outings and were very complimentary of the students from the local college that came in to sing to them.

Care planning documentation was available for each resident based on individualised assessment, and it reflected a person centred approach to care. Documentation on transfers and temporary absence of residents was also reviewed and found satisfactory.

Staff were knowledgeable and all had completed training in fire safety. Evacuation procedures were displayed and the fire equipment was regularly serviced and tested. An action from the last inspection, the fire drills documentation had improved greatly with clear and concise records overall. The Deputy of the person in charge who facilitated this inspection advised the inspectors that she will be conducting a fire drill on the night of the inspection and same was submitted to the inspectors the next day. The inspectors noted that the practice of storing and charging hoists on the corridors posed a trip hazard as well as a fire hazard in one case. This risk was immediately addressed and the hoists moved to safer alternative locations.

Regulation 10: Communication difficulties

Residents identified to inspectors as having communication difficulties had a person-centred communication care plan in place. They were supported to communicate and make their needs known to staff.

Judgment: Compliant

Regulation 11: Visits

Visitors were welcomed in the centre. There was a visitors signing book at the door to ensure the safety of the residents and suitable communal and private facilities were made available for residents to receive their visitors. Resident's wishes in regards to visitors were respected and incorporated into their care plan.

Judgment: Compliant

Regulation 20: Information for residents

A resident guide was available, which contained information on the visiting arrangements, the procedure relating to complaints, a summary the services and facilities available, as well as the terms and conditions relating to the residence in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

All the relevant information, was sent with each resident on transfer out of the centre and received on transfer into the centre. These were available for inspectors to review in residents charts.

Judgment: Compliant

Regulation 28: Fire precautions

Staff were knowledgeable and trained in fire safety, and documentation had improved from the last inspection. The fire procedures and evacuation plans were prominently displayed and the fire fighting equipment was regularly serviced and tested.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had a pre-admission assessment completed prior to admission to the centre. They had risk assessment tools completed and a care plan in place to reflect each need identified. The care plans were person centred and they together with resident assessments were updated on a four monthly basis.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were none of the current residents with behaviours that challenge. This was due to the high level of interaction between staff and residents with the potential to display such behaviours. Inspectors observed this resident group engaged in meaningful activities in one of the three communal areas.

The centre was moving towards a restraint free environment. There was a low use of restraint in the centre, a new risk assessment tool had been implemented, it identified the alternatives trialled prior to a restraint being used.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were not taken to protect residents from abuse. All staff had appropriate garda vetting in place on the day of inspection. However, a review of staff files identified four staff who had commenced employment in the centre prior to garda vetting being in place for them. Inspectors also found that a high number of staff employed since September 2018 had not completed safeguarding training.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents spoken with said they were cared for in a respectful manner and their privacy and dignity was maintained. They also said they could choose how to spend their day and were satisfied with the variety and amount of activities available in the centre. Advocacy services were available to residents and regular meetings with residents were held.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for College View Nursing Home OSV-0000128

Inspection ID: MON-0022171

Date of inspection: 09/01/2019

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
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All staff will have completed their Safeguarding and Protection of Vulnerable Adults training by the 28/02/2019</p> <p>We will ensure Garda Vetting has been received before induction commences</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All contracts of care will include details as to whether the room is a single or shared room</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p>	

Staff recruitment policy will be reviewed, updated and fully implemented into practice

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
All Staff will have their Safeguarding and Protection of Vulnerable adults training completed by the 28/02/2019
We will ensure Garda Vetting has been received before induction commences

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
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Yellow	28/02/2019
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall	Substantially Compliant	Yellow	10/01/2019

	reside in that centre.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	28/02/2019
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	10/01/2019
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Not Compliant	Orange	28/02/2019