

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cramers Court Nursing Home
Centre ID:	OSV-0000218
Centre address:	Ballindeenisk, Belgooly, Cork.
Telephone number:	021 477 0721
Email address:	info@cramerscourt.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Inis Ban Limited
Lead inspector:	John Greaney
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	40
Number of vacancies on the date of inspection:	17

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 June 2018 08:30	05 June 2018 18:00
06 June 2018 08:30	06 June 2018 16:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs		Substantially Compliant
Outcome 02: Safeguarding and Safety		Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Non Compliant - Moderate
Outcome 07: Health and Safety and Risk Management		Non Compliant - Major

Summary of findings from this inspection

This report sets out the findings of a thematic inspection which focused on six specific outcomes of dementia care. The inspector incorporated an additional outcome as issues were identified related to fire safety. The inspection also followed up on progress of the action plan from the last inspection. The inspector observed that the provider and person in charge were committed to providing a quality service for all residents including people with a diagnosis of dementia. The provider had submitted a completed self-assessment on dementia care to the Health Information and Quality Authority (HIQA) along with policies requested prior to the inspection. The judgments of the self-assessment and the inspection findings are stated in the table above.

Cramers Court Nursing Home is a three-storey building with bedroom accommodation for residents on all three floors. The centre is located close to the village of Belgooly on extensive mature grounds. It was originally a large period house that was converted to a nursing home and later extended. The centre is currently registered to accommodate 57 residents, however, recent a renovation of the centre resulted in a reduced capacity and the centre can now accommodate 44 residents. Renovations to the centre resulted in a decrease in the number of residents sharing bedrooms and a significant increase in the number of single bedrooms. These changes enhanced the quality of life for residents by providing more space for residents and enabled staff to protect residents privacy and dignity while providing personal care. There was also a significant improvement in sanitary facilities and all bedrooms now had en suite showers, toilets and wash hand basins. Ground work had commenced on a proposed extension to the centre, which is due to be completed in 2019.

The inspector met with residents, relatives and staff, reviewed the assessed care needs of residents and tracked the journey of a sample of residents with dementia within the service. Care practices and interactions between staff and residents who had dementia were observed using a validated observational tool. The inspector also reviewed documentation such as care plans, policies relating to dementia care, medical and nursing records and staff files. The centre did not have a dementia specific unit and at the time of the inspection there were twenty two people living in the centre with a formal diagnosis of dementia and a further three people with a mild cognitive impairment. The inspector observed that many residents required a high level of support and attention due to their individual communication needs and dependencies. Staff were observed to sit and chat with residents in a caring and respectful manner. There was a variety of activities organised for residents which included both group and one-to-one activities. Residents were also supported to be part of the local community as exemplified by attendance at the local agricultural show, where they won prizes in arts and crafts.

Residents were consulted through residents' meetings, which were chaired by an external advocate. Two residents held the roles of presidents and secretary and signed off on the minutes of meetings. Residents confirmed that their religious practices were facilitated and supported. It was noted, however, that staff were unable to confirm if the religious preferences of one resident were supported as they approached end of life. A number of residents were facilitated to attend the local polling station to vote in the recent referendum, however, due to an oversight, arrangements had not been made for the returning officer to visit the centre, so that other residents could vote.

The inspectors also reviewed aspects of fire safety on this inspection when it became apparent during the inspection that there were deficits in fire safety preparedness. Due to the risk associated with fire safety the provider representative and person in charge were verbally advised on the days of the inspection to remedy the deficits as a matter of urgency. An urgent action plan was issued to the provider on the day following the inspection with a timeframe within which the deficits should be addressed. Improvements were required in relation to the map on the second floor

that should identify places of relative safety in the event of a fire. Fire drills were not being conducted from the second floor, where there were a number of dependent residents and the evacuation plan did not adequately incorporate the totality of the level of dependency of all residents in each fire compartment.

The action plan at the end of this report identifies where improvements are needed to meet the requirements of 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.

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

The inspector focused on the experience of residents with dementia and tracked the journey of a number of residents with dementia. The inspector also reviewed specific aspects of care such as wound care and restrictive practices in relation to other residents.

A pre-admission assessment was carried out on all residents prior to admission to the centre to determine if their needs could be met. There were adequate systems in place to optimise communication between the resident/families, the acute hospital and the centre.

Residents had access to general practitioners (GPs) of their choice. Medical records indicated that residents were reviewed regularly by their respective GPs. Out-of-hours GP services were also available. Residents had good access to allied healthcare services. A physiotherapist visited the centre weekly to carry out group exercises, but also carried out one-to-one assessments for residents and provided advice on any mobility aids that may be required to support independence. A speech and language therapist was accessible through referral to the HSE and there was reasonable access. A dietitian was available through a nutritional supply company. Occupational therapy was available through referral to the HSE, and while there was usually a wait period until residents were reviewed, the delay was not unreasonable. A community Mental Health Nurse visited the centre regularly and there was also access to a psychiatrist, should the need arise.

The inspector viewed a sample of residents' records, some of whom had been transferred to hospital from the centre and found that appropriate information about their health, medications and their specific communication needs were shared with the admitting hospital. Records of residents' assessments reviewed included comprehensive

biographical details, medical history, and nursing assessments.

Comprehensive nursing assessments were carried out that incorporated the use of validated assessment tools for issues such as the risk of falling, risk of developing pressure sores and for the risk of malnutrition. Care plans were developed for issues identified on assessment. Based on a sample of care plans reviewed, these were personalised and provided good guidance on the care to be delivered.

There were written policies and procedures in place for end-of-life care. Staff provided end of life care to residents with the support of their GP and the community palliative care team. There were no residents at active end of life stage on the days of inspection. The inspector reviewed the record of a deceased resident and it was apparent from the daily nurses' notes that end-of-life care was provided to a good standard. While it was evident that some discussion had taken place with residents at some stage since admission, it was not apparent that there was on-going discussion or review as the resident approached end of life. For example, the care plan of one resident was not reviewed to indicate that the resident was approaching end of life and the resuscitation status of the resident was not amended to reflect impending death. It was not always clear from the record if expressed preferences, such as a visit from a spiritual leader, were facilitated.

There were policies and procedures to guide practice in relation to the management of nutrition. There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were weighed regularly and were assessed for the risk of malnutrition on admission and at regular intervals thereafter. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Inspectors found that residents who required modified consistency diets and thickened fluids received the correct diet and modified meals were attractively served. Residents that were identified as having unintentional weight loss were assessed by a dietician and advice to increase calorific intake had been appropriately communicated to catering staff.

The designated dining room was inadequate in size to accommodate all of the residents to have their meals there in one sitting. All communal rooms were used by residents for dining purposes and there were dining tables in each of these rooms. Proposed renovations have taken into account the number of residents to be accommodated in the centre and the inspector was informed that the main dining room would be increased significantly in size. Residents were seen to come to the dining areas throughout the morning for their breakfasts. All meals were seen to be social occasions and residents interacted with each other during meals in their preferred dining area. On the days of the inspection there were adequate numbers of staff on duty to assist residents with their meals. Residents requiring assistance were assisted by staff in a respectful and dignified manner.

The centre had operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. There were processes in place for the handling of medicines including controlled drugs, which were safe and in accordance with current guidelines and legislation. Medication administration practices observed by the inspector were in compliance with relevant professional guidance. A review of a sample of

medication prescription and administration charts indicated that practices employed were in compliance with the centre's policies on medication management. A review of a sample of medications indicated that not all medicines that were decanted from their original container contained the expiry date.

This outcome was judged to be moderate non-compliant in the self assessment, and the inspector judged it as substantially compliant.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

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:
There was an up-to-date policy in place that addressed prevention, detection, reporting and investigating allegations or suspicions of abuse. Training records indicated that all staff had attended training in protecting residents from abuse. Staff members spoken with by the inspector were knowledgeable of what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about a colleagues behaviour. Where there were suspicions or allegations of abuse, these were investigated and adequate safeguarding measures put in place. All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive.

There were policies in place about meeting the needs of residents with responsive behaviour (also known as behavioural and psychological signs and symptoms of dementia) and restrictive practices. Policies were seen to give clear instruction to guide staff practice. Based on a review of incident records and discussions with staff there were no recent incidents of responsive behaviour.

Records indicated that restraint in the form of bedrails was used following a risk assessment. There were records of safety checks while restraint was in place. Records indicated the exploration of alternatives such as low low beds and alarm mats prior to the use of bedrails.

There were adequate records in place on the management of residents finances. All transactions were recorded and there was a system for verifying if residents availed of services such as chiropody and hairdressing prior to being invoiced for the service. The centre was pension agent for a number of residents. As found on the previous

inspection, some residents had large sums of money and they did not have personal bank accounts. This money was being held in a general nursing home account. It was evident from records available that the nursing home had been in communication with the bank in an effort to open personal bank accounts for these residents but were not successful. The provider was advised to explore all alternatives in an effort to comply with department of social protection guidance.

This outcome was judged to be substantially compliant in the self assessment and the inspector judged it as substantially compliant.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Residents with dementia were consulted with and participated in the organisation of the centre. Residents' privacy and dignity was respected, and residents were supported to make choices and be independent. There were opportunities for most of the residents to participate in activities that suited their interests.

Residents' meetings were chaired by an external advocate and were held approximately every three months. The president and secretary of the committee are both residents and sign off on the minutes of each meeting. The inspector reviewed the minutes of these meetings and the agenda included the proposed building works, activities, planned outings, and the day-to-day operation of the centre. The person in charge and clinical nurse manager attended these meetings and issues raised were addressed. An information meeting was held in April for residents and their families entitled "Let's Talk About Dementia". Presentations were made by a local GP, the person in charge and the provider. The meeting was held on a Sunday at the request of relatives, as it gave them a better opportunity to attend.

Residents were facilitated to exercise their civil, political and religious rights but some improvements were required. Residents confirmed that they were satisfied with opportunities for religious practices and freedom to move around the communal areas and unrestricted access to the secure gardens. Approximately three residents were taken to the local polling station to vote in the recent referendum. However, due to an oversight, arrangements had not been made for the returning officer to visit the centre, so that other residents could vote.

There was a variety of activities available to residents in the centre, organised and facilitated by the activities co-ordinator. The weekly activity schedule included activities arranged for the mornings and afternoons and included newspaper reading, music, board games, arts and crafts, active minds, Sonas, gardening, exercise and pet therapy. The activities co-ordinator also informed the inspector that one-to-one time was scheduled for residents with more severe dementia or cognitive impairment who could not participate in the group activities. An external organisation visits the centre each week to lead residents in a group exercise programme. Residents were facilitated with excursions to attractions and to attend activities in the local community. A number of residents recently attended an agricultural show in the local village of Belgooley and won prizes in arts and crafts competitions.

Residents had opportunities for outside activities. Mobile residents with dementia had free access to a large, secure well maintained garden. There was a circular path that some residents used for walks each day, weather permitting. The garden had a large, enclosed water feature that was inhabited by fish. There was ample seating and a lot of mature shrubbery, making the area inviting to residents.

There were no restrictions on visitors and there were a number of areas where residents could meet visitors in private. On the day of inspection visitors were seen to come and go throughout the day. Each resident with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors prior to entering. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). An overview of these observation periods is detailed below.

Observations were recorded in the sitting room and in the dining room. The total observation period was 100 minutes, which comprised two 30 minute periods and two 20 minute periods. For rating purposes, there were 20 five minute observation periods. 15 scores of +2 were given predominantly when staff were seen to facilitate activities and to assist residents with their meals in the dining room. Staff were seen to sit with residents and chat with them while making good eye contact. Three scores of +1 were given when staff were seen to provide care to residents with minimal interaction. Two scores of 0 were given when residents were left unsupervised in the sitting room.

This outcome was judged to be moderate non-compliant in the self assessment and the inspector judged it as substantially compliant.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a complaints procedure in place that explained how to make a complaint, and included an independent appeals process. The complaints procedure was on display at the entrance the centre. It was also set out in the residents guide. Relatives and residents who spoke with the inspector knew the procedure if they wished to make a complaint.

The inspector reviewed the complaint's policy and found it to be comprehensive, and met the requirements of the regulations. As well as identifying people in the centre to deal with complaints, it also contained an independent appeals process. There was also a nominated person who held a monitoring role to ensure that all complaints are appropriately responded to, and records kept.

Both the provider and person in charge told inspectors that any complaint received would be thoroughly investigated and the outcome would be discussed with the resident. This would also include if the resident was satisfied with the outcome or not.

At the time of the inspection there were no open complaints. Records of past complaints showed that there were systems in place and they detailed the action taken, outcome and whether the person was satisfied with the outcome.

This outcome was judged to be compliant in the self assessment, and the inspector judged it as compliant.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector observed staff providing care in a respectful and caring manner. Residents appeared to be familiar with staff. Staff were appropriately supervised relevant to their role and included a process of performance appraisal.

An actual and planned roster was maintained in the centre, with any changes clearly indicated. The person in charge was supported in his role by a clinical nurse manager. The inspector reviewed staff rosters, which showed there was a nurse on duty at all times. There was a regular pattern of rostered care staff. In addition to nursing staff and healthcare assistants, the staffing complement included an activities coordinator, a chef and kitchen assistant, housekeeping, laundry, administration and maintenance staff. Residents and staff spoken with felt there were adequate levels of staff on duty.

There was a varied programme of training for staff. The training programme included training on issues such as infection control, medication management, dementia care and First Aid/CPR. Some improvements, however, were required in relation to training as not all members of staff had up-to-date training in mandatory areas such as fire safety, responsive behaviour or manual handling.

A recruitment policy in line with the requirements of the Regulations was implemented in practice. Inspectors reviewed a sample of staff files which included all the information required by Schedule 2 of the Regulations. Improvements were required, however, in relation records for volunteers as a vetting disclosure in accordance with National Vetting Bureau Act 2012 was not available for all volunteers.

This outcome was judged to be substantially compliant in the self assessment, and inspectors judged it as moderate non-compliant.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises**Theme:**

Effective care and support

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

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

Findings:

Cramers Court Nursing Home is a three-storey building with bedroom accommodation for residents on all three floors. The upper floors are accessible via stairs and elevator, except for the part of the centre containing a three-bedded room and offices, which can be accessed by stairs only. All residents accommodated in this bedroom were independently mobile. The centre is located close to the village of Belgooly on extensive mature grounds. It was originally a large period house that was converted to a nursing

home and later extended. The centre is currently registered to accommodate 57 residents, however, recent renovation of the centre resulted in a reduced capacity and the centre can now accommodate 44 residents.

Bedroom accommodation comprises twenty five single en-suite rooms; eight twin-bedded en suite rooms; and one triple en suite room. All en suites contained a wash-hand basin, assisted toilet and shower. Thirteen residents are accommodated on the ground floor in eleven single and one twin bedroom; twenty four residents are accommodated on the first floor in nine single bedrooms; six twin bedrooms; and one triple bedroom. Seven residents are accommodated in the second floor in five single and one twin bedroom. While the first floor is accessible by elevator, two of the twin bedrooms on this floor are on a slightly higher elevation than the other bedrooms and it is necessary for residents to negotiate 4 steps to access these rooms. As a result of this, only independently mobile residents are accommodated in these bedrooms.

On the ground floor, in addition to en-suite facilities, sanitary facilities comprised a male bathroom area and a female bathroom area. The male bathroom contained two toilet cubicles with a wash-hand basin in each and an assisted shower room that also contained a toilet and wash-hand basin. The female bathroom area contained two toilet cubicles and an assisted shower room that also contained a toilet and wash-hand basin.

Significant improvements had been made to the centre since the previous inspection. This included an increase in the number of single bedrooms and a reduction in multi-occupancy bedrooms resulting in more space in the bedrooms for residents. Worn carpets in some areas on the centre had been replaced with non-slip floor covering. Efforts had been made to make the centre more accessible with the widening of entrances to a toilet area and bedroom area and the removal of a step to one of the bedrooms. Parts of the centre had been repainted and the centre appeared to be clean and in a good state of repair throughout.

Communal areas for residents were on the ground floor and consisted of a dining room, a sitting room, with a conservatory attached and one other conservatory. The dining room was insufficient in size to accommodate the number of residents living in the centre but all communal areas were utilised for meal times. A functioning call-bell system was in place and call-bells were appropriately located throughout the centre. Due to the reconfiguration of the bedrooms, televisions were now viewable from all beds and there was more comfortable seating for residents that wished to spend time in their bedrooms.

Outdoor space consisted of a large enclosed patio and garden. There was ample seating for residents. The garden contained a large water feature, mature grass area and mature shrubbery. There was a small car parking area to the side of the centre. Work had commenced on clearing the ground for a proposed extension to the centre, which was due for completion in 2019.

The person in charge was in the process of acquiring signage so that residents and visitors could more easily navigate the centre. Currently there was some paper signs that were not appropriate as a long-term solution. Some of the bedrooms had disposable curtains, which did not contribute to a homely atmosphere. The curtains in at

least one of the bedrooms did not extend all the way around the bed but this was rectified prior to the completion of the inspection.

Residents had access to appropriate equipment. Specialised assistive equipment that residents may require was provided. For example, assisted hoists with designated slings, wheelchairs, specialist bed and mattresses and respiratory equipment. There was evidence that the equipment was serviced on a regular basis by a suitably qualified person.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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:

At the last inspection it was identified that cleaning trolleys were left unsupervised on corridors and it was possible for residents that may have a cognitive impairment to access cleaning chemicals. The inspector observed on this inspection that cleaning trolleys were at all times supervised. The centre was clean and bright and there was no lingering malodorous smell as found on the last inspection.

Significant improvements were required in fire safety practices. Due to the risk associated with fire safety the provider representative and person in charge were verbally advised on the days of the inspection to remedy the deficits as a matter of urgency. An urgent action plan was issued to the provider on the day following the inspection with a timeframe within which the deficits should be addressed. The evacuation map on the second floor did not accurately identify a relative place of safety to which residents could be evacuated in the event of a fire. It was also observed that a number residents accommodated on the second floor required various levels of assistance with their mobility, including transfer to and from the bed. There no records of fire drills conducted in this area and therefore it was not possible to ascertain if these residents could be evacuated in a timely manner in the event of a fire. Also, due to the absence of these drills, it was not possible to ascertain if there was adequate equipment available to evacuate residents from the upper floors to a lower floor or to the exterior should the need arise.

Judgment:

Non Compliant - Major

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:

John Greaney
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Cramers Court Nursing Home
Centre ID:	OSV-0000218
Date of inspection:	05/06/2018 and 06/06/2018
Date of response:	17/07/2018

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 01: Health and Social Care Needs

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

While it was evident that some discussion had taken place with residents regarding end of life preferences at some stage since admission, it was not apparent that there was on-going discussion or review as the resident approached end of life. For example, the care plan of one resident was not reviewed to indicate that the resident was approaching end of life and the resuscitation status of the resident was not amended to reflect impending death.

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

1. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

We will ensure care plans are reviewed, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, we will revise it, after consultation with the resident concerned and where appropriate that resident's family. We will ensure more attention is paid to reviewing and implementing care plans when residents are approaching their end of life.

Proposed Timescale: 15/06/2018

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

It was not always clear from nursing records if expressed preferences for end of life, such as a visit from a spiritual leader, were facilitated.

2. Action Required:

Under Regulation 13(1)(b) you are required to: Ensure the religious and cultural needs of the resident approaching end of life are met, in so far as is reasonably practicable.

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

We are always committed to facilitate visits from spiritual leaders according to residents expressed preferences. More attention will be paid to ensure the religious and cultural needs of the resident approaching end of life are met and recorded in care plans.

Proposed Timescale: 15/06/2018

Outcome 02: Safeguarding and Safety**Theme:**

Safe care and support

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

The centre was pension agent for a number of residents. As found on the previous inspection, some residents had large sums of money and they did not have personal bank accounts. This money was being held in a general nursing home account. It was evident from records available that the nursing home had been in communication with the bank in an effort to open personal bank accounts for these residents but were not

successful. The provider was advised to explore all alternatives in an effort to comply with department of social protection guidance.

3. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

We wrote to the Next Of Kin (NOK's) of all residents for whom the Home act as pension agent. We informed them that we should no longer act as pension agent for the residents and outlined alternative options that could be used going forward. These were as follows:

Open a Person in Care account with the Bank (forms were attached).

Next of Kin to become pension agent (forms also attached).

NOK's who did engage with us on the matter outlined that they wished to maintain the existing arrangement, i.e. with the Home as pension agent. None of the NOK's wished to change to the Person in Care account / NOK as pension agent options.

As a result, we in the Home have decided to set up the Person in Care accounts for some residents and interest bearing deposit accounts, separate to the Company's existing banking facilities, for other residents. Which account we open for each resident is based on the preferences and assessed capacity of each resident.

Social Welfare:

Once accounts are set up we will engage with Social Welfare to have the pension payments transferred to the Person in Care / Deposit Account as appropriate.

Proposed Timescale: 25/09/2018

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Approximately three residents were taken to the local polling station to vote in the recent referendum. However, due to an oversight, arrangements had not been made for the returning officer to visit the centre, so that other residents could vote.

4. 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:

We will ensure that each resident can exercise their civil, political and religious rights. Arrangements are now made for the returning officer to visit the centre and facilitate in house voting.

Proposed Timescale: 15/07/2018

Outcome 05: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some improvements were required in relation to training as not all members of staff had up-to-date training in mandatory areas such as fire safety, responsive behaviour or manual handling.

5. 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:

We will ensure that all staff have access to appropriate training. There is an ongoing plan in place for all mandatory trainings. Training in fire safety, responsive behaviour and manual handling are organised for all due staff

Proposed Timescale: 30/07/2018

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Improvements were required in relation records for volunteers as a vetting disclosure in accordance with National Vetting Bureau Act 2012 was not available for all volunteers.

6. Action Required:

Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

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

We will provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis within our Home. The one outstanding garda vetting has is now completed

Proposed Timescale: 15/07/2018

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Improvements were required in the design and layout of the centre, including:

- the dining room was insufficient in size to accommodate the number of residents living in the centre
- there was inappropriate signage to support residents and visitors to navigate the centre
- some of the bedrooms had disposable curtains, which did not contribute to a homely atmosphere.

7. 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:

We will ensure our premise conforms to the matters set out in Schedule 6, having regard to the needs of the residents of our home.

- The dining room will be expanded in the building extension project (Proposed time scale by 31/04/ 2019)
- Temporary signage is now replaced with appropriate signage to support residents and visitors to navigate our Home. (15/07/18)
- Disposable curtains in shared bedrooms are replaced with fabric curtains to ensure privacy to our residents and contribute to a homely atmosphere. (15/07/18)

Proposed Timescale: 30/04/2019

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

There no records of fire drills conducted in the second floor and therefore it was not possible to ascertain if these residents could be evacuated in a timely manner in the event of a fire.

8. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

We will ensure, by means of fire safety management and fire drills at suitable intervals that the all persons working in our home and residents are aware of the procedure to be followed in the case of fire.

Two separate drills have been conducted on the second floor, these took place after the HIQA inspection and the outcome proved that residents could be evacuated in a timely manner in the event of a fire. Similar fire drills will be conducted in different parts of the building at regular intervals.

Our fire drill records record, the fire scenario simulated the length of time taken for evacuation of residents as well as if any problems or deficiencies are identified during the drill.

Proposed Timescale: 15/06/2018

Theme:

Safe care and support

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

It was observed that a number residents accommodated on the second floor required various levels of assistance with their mobility, including transfer to and from bed. The totality of the dependency levels of all residents in each fire compartment was not adequately evaluated to support their safe evacuation in the event of an emergency.

9. 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 comprehensive review of fire safety was conducted after the HIQA inspection. 10 Residents' rooms were reallocated to balance the dependency level of residents in each fire compartment to facilitate safe evacuation. All PEEPs (Personal Emergency Evacuation Plans) are updated with latest information including recent change in room numbers and fire compartment. A fire safety information session was conducted for our residents on 15th of June 2018 and the report is included in our fire register.

Proposed Timescale: 15/06/2018

Theme:

Safe care and support

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

The evacuation map on the second floor did not accurately identify a place of relative safety to which residents could be evacuated in the event of a fire.

10. 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:

The procedures to be followed in the event of fire are now displayed in various prominent places in our Home.

The evacuation map on the second floor has been modified to accurately identify a place of relative safety to which residents could be evacuated in the event of a fire

Proposed Timescale: 15/06/2018