

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cara Care Centre
Centre ID:	OSV-0000735
Centre address:	Northwood Park, Santry, Dublin 9.
Telephone number:	01 894 0600
Email address:	cccreception@tlccentre.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	TLC Northwood Limited
Provider Nominee:	Noel Mulvihill
Lead inspector:	Leone Ewings
Support inspector(s):	Ann Wallace
Type of inspection	Announced
Number of residents on the date of inspection:	103
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 30 August 2017 09:00 To: 30 August 2017 17:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This inspection was carried out in response to the provider's application to renew the certificate of registration. The provider's application is for ongoing registration of 103 beds. Unsolicited information and notifications received were also considered as part of this inspection.

The provider and person in charge had fully addressed non-compliances from the last inspection on 11 March 2016, these areas related with the use of restraint and record-keeping. The inspectors found that the residents received a good quality service.

As part of this inspection, the inspectors met with residents, relatives and staff members. They observed practices and reviewed documentation such as care plans, audits, management meeting minutes and policies and procedures. They also met the provider, person in charge and clinical nurse manager at the centre on the day. All were able to provide clear information to the inspectors when requested.

The inspectors found that residents were supported by a staff team who knew them well. Staff were skilled and experienced in providing health and social care to residents. They had completed relevant training for their roles. Twelve residents and 19 relatives provided written feedback to say that overall they were well supported by the staff team, who were kind and treated them respectfully. A review of residents records showed that relevant assessments were carried and where residents required support, good quality care plans were in place with guidance to staff about how it was to be provided. Overall, staffing in place on the day of the inspection was adequate to meet the assessed needs of residents.

The governance and management systems operated in the centre were seen to be effective and provided assurance to the inspectors that the provider and all staff were providing a safe service to residents. Regular audits were carried out by the management team to ensure positive outcomes for residents were being achieved, and if improvements were identified actions were agreed and reviewed. Reviews and requests for feedback, including satisfaction surveys were also carried out with residents and relatives. The systems being operated were having a positive impact on the quality of care provided to residents in the centre. Some improvements were identified relating to staffing and the ventilation in the dining rooms were identified as part of this inspection.

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: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

An updated statement of purpose dated January 2017 (version 3) was in place. This document detailed the aims, objectives and ethos of the service. The information contained in the document was in line with legislative requirements, and included details of any additional new charges now in place in the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There were effective management arrangements in place to monitor the quality and safety of the service.

Inspectors found that there was a clearly defined management structure in place. The

organisational structure helped to ensure that staff were clear about reporting arrangements within the centre. The person in charge (PIC) worked full-time at the centre. Residents and staff told the inspection team that they were clear about who to raise any issues with and that the person in charge and senior staff were approachable and available to them.

The person in charge was supported in his role by two experienced Assistant Directors of Nursing (ADON), four Clinical Nurse Managers (CNM) and a Practice Development Nurse (PDN) who worked across the Group. Each floor had an allocated CNM who took the lead in clinical practice, providing support and supervision to nursing and care staff on the unit including night staff.

The inspectors found that the care and services provided were found to be in line with the centre's statement of purpose and its ethos of care. There were a range of well established systems in place helping to ensure that safe and effective care was provided. Monitoring systems included health and safety and risk management processes and a comprehensive audit programme were discussed at management meetings. Audit documentation reviewed by the inspection team showed that information was gathered about practices in the centre and was used to identify areas for improvements and staff training needs. Audits included falls prevention, medications, care plans, pressure ulcers, nutrition and accidents and incidents.

The annual review of quality and safety, and quality of care report was shown to inspectors. This report was completed with detailed feedback and input of residents and relative and was reflective of inspection findings within this report.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had not changed since the time of the last inspection, he is a registered nurse and works full-time within the centre, with the required skills, knowledge and experience to hold the post of person in charge.

He was found to be very knowledgeable about each resident's nursing and social care needs. Evidence of his continuous professional development was up-to-date, and he has

been in this role now for five years.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The records as listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness and accuracy. Overall, a good standard of record-keeping could be evidenced throughout the inspection, and records requested were accessible. Improvements were found by inspectors in risk assessments completed for the use of any form of restraint and care planning.

A sample of staff files were reviewed and found to contain all the requirements of schedule 2 of the regulations, inclusive of Garda Síochána vetting disclosures were in place.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property.

A directory of residents was maintained which contained all of the matters as set out under regulation 19.

The designated centre had all of the written operational policies which had been kept under review as required by schedule 5 of the regulations. Policies were evidence-based and guided staff practices.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

The inspectors were satisfied that safe systems were in place to protect residents from being harmed or suffering abuse. There was a detailed policy to guide staff and they had received appropriate training in this area. Care and communication was observed to be person-centred and in an environment which promoted residents' rights. The person in charge was aware of the requirement to notify any allegation of abuse to the Authority. There had been no reports made to HIQA since the time of the last inspection.

The provider was involved with supporting 18 residents with their finances at the centre, and acted as the pension agent. A review of records and accounts at the centre confirmed that the policy and procedures were in line with best practice, with a good standard of record-keeping and communication with residents and relatives maintained. The provider confirmed that any resident funds were held in a separate named resident bank account.

Staff spoken to were knowledgeable of the different types of abuse and the reporting arrangements in place. The inspectors spoke to a number of residents who said that they felt safe and secure in the centre. Staff were guided by a written detailed policy on the protection of vulnerable adults in place. Staff had received safeguarding training on commencement of employment, and refresher training was in place for all staff. Evidence that all staff had received training was given to inspectors. The findings of this inspection were that the policy had been fully implemented and updated to reflect best practice.

A policy on the management of any responsive behaviors was in place that guided practice was in place. Detailed supportive behavioural care plans were developed and in place to inform staff and guide practice where required. The findings were that evidenced-based tools were utilised to monitor behaviours. Staff were familiar with the residents and understood their behaviours, what triggered them and implemented measures including the least restrictive interventions as outlined in the written care plan. Improvements had taken place since the last inspection and staff carefully considered and documented the rationale for use of any psychotropic medication. This was used a second-line option and a detailed care plan was in place for any residents with prn (as required) medicines. This area was subject to review and evaluated carefully on an individual basis. The use of bedrails and any restraint was in line with National policy

and evidence-based practice. Staff training in the assessment and use of restraint and alternatives had been completed for direct-care staff. The ongoing audit completed by the person in charge clearly demonstrated a reduction in the use of bedrails, improvements in the record-keeping of risk assessments associated with any decision to implement the use of bedrails or lapbelts.

Judgment:

Compliant

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was seen to be promoted in the centre. The gardens were accessible and well maintained with appropriate seating.

There were risk management policies and procedures in place. The policy contained the procedures required by regulation 26 and schedule 5 to guide staff. Staff were familiar with the contents of the emergency plan. The risk register in place was well maintained and updated on a monthly basis, this was overseen by the person in charge. Each risk assessment set out the identified risk, the level of risk identified, the steps taken to mitigate the risk and the person responsible for taking the action. The documents were thorough and covered a wide range of areas. Incident and accident reporting provided information to support the reduction of identified risks. There was also an up-to-date health and safety statement available signed and dated.

The fire safety policy provided guidance to reflect the size and layout of the building and the evacuation procedures. Records showed that there were routine checks to ensure fire exits were unobstructed, automatic doors closer were operational and fire fighting equipment was in place. Annual checks were carried out on the fire safety equipment, and the fire alarm was serviced on a quarterly basis. Clear signage was in place throughout the centre guiding residents, visitors and staff to the nearest exit.

The procedure to follow in the event of a fire was posted in different parts of the centre, and staff were able to describe their role in evacuation when the inspectors spoke with them. Evidence was reviewed that all staff had completed annual refresher training in fire safety procedures. A record of fire drills showed they were carried out monthly, and the maintenance department were responsible to ensure all staff, including night staff, had been involved in a drill.

The health and safety committee met regularly and any issues raised were minuted. For example, as outlined in Outcome 12 of this reports the temperatures in the dining rooms were elevated. All meetings were minuted with an associated action plan in place to address matters raised.

Identified clinical risks were well documented and addressed in a timely manner, with the involvement of the person in charge and senior staff. For example, the follow-up on any falls and incidents included referral and review by the on-site physiotherapist who undertook mobility assessments, gait and balance reviews. Moving and handling assessments were up-to-date and the use of any assistive equipment monitored closely to ensure adherence to best practice including servicing and staff training.

There were safe procedures in place for the prevention and control of infection and the centre clean, hygienic and well presented. Personal protective equipment was available in each unit of the centre, and there were hand gel sanitizers available throughout the centre. Staff were observed practicing hand hygiene and had easy access to hand washing facilities to meet their needs. Arrangements were in place to manage infection control in the laundry.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Inspectors were satisfied that residents were protected by the designated centres' policies and procedures for medication management. Although no risks were identified some minor matters were highlighted to the provider and person in charge on the day of the inspection, which were addressed.

Inspectors reviewed a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Medications that required crushing were prescribed as requiring same. Residents medication records also contained records of communications with the pharmacist. For example, staff requesting specific guidelines and information on the preparation of medication had been provided with clear directions on how to prepare, dissolve and administer the medication.

Medications used in the management of diabetes and epilepsy had clear guidelines to support staff in the safe administration of the medicines. Inspectors reviewed practices

around PRN (as required) psychotropic drugs and found that residents requiring these drugs now had a clear pathway outlined to support an evidence-based and individual approach to administration. Nursing notes reviewed demonstrated that the steps had been followed prior to the administration of the drug. The frequency and use of these drugs were closely monitored and evaluated at a multidisciplinary level.

Inspectors observed nurses administering medication to residents. Medications were kept in locked treatment rooms and only nurses can administer medication to residents. Inspectors found that staff adhered to appropriate medication management practices and processes in place for handling medication were safe and in accordance with current guidelines and legislation.

Inspectors reviewed practices around medications that required strict control measures (MDAs). These medications were kept in a secure cabinet in keeping with professional guidelines and nurses maintained a register of these medications. Inspectors reviewed records which demonstrated that the stock balance was checked and signed by two nurses at the change of each shift.

At the time of this inspection, no resident was self administering medication, However, systems were in place to support residents that may choose to self administer and assessments were in place to enable staff to support residents to self administer.

Systems were in place for reviewing and monitoring safe medication management practices. Medication audit was completed regularly and actions generated from audit finding were communicated to staff to improve practice. Inspectors were informed of preparations in place to move to an electronic-based medicines management system.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

Resident's were supported to maintain their health and social care needs by a staff team with the relevant skills and experience. Improvements to the standard of record-keeping

and care planning were found on this inspection in the sample of assessments and care plans reviewed by inspectors.

The inspectors reviewed residents' records. Evidence was seen that a pre-admission assessment was carried out before residents were offered a place in the centre. On admission a comprehensive assessment was carried out, and where residents had health or social care needs identified, care plans were developed. The care plans were person-centred in their approach, focusing on the impact of the resident's needs. Each plan detailed the resident's preferred approach to care and support, and clear instructions to guide staff in their practice. The plans were seen to be implemented effectively in practice by staff who knew the residents well. Healthcare plans reflected the care delivered and were amended in response to changes in residents' health and were in place. Residents and relatives confirmed that reviews took place every three months (or more frequently if required), and all parties were consulted during these planned events. The daily nursing progress notes had improved since the last monitoring inspection. Residents were found to be comprehensively assessed on return from the acute hospital services.

Where residents had identified healthcare needs, records showed there were links with relevant medical professionals, or the wider multi-disciplinary team. Where resident's needs had changed records showed contact was made quickly with a general practitioner (GP). Where recommendations were made for treatment records showed it was provided, for example in relation to physiotherapy, or nutrition. The correspondence stored in residents' files showed that residents were in contact with hospitals and consultants for specific healthcare needs.

A range of evidence-based nursing tools were being used to assess residents' needs. This supported the nursing staff to monitor healthcare conditions, and reduce the risk of others developing. Where residents were identified as being at risk in relation to a particular healthcare need records showed action was taken to reduce that risk. For example where residents were identified as being at risk of falls, a holistic approach was taken to reviewing the resident's needs considering their medication, nutrition, physical ability, cognitive awareness and any aids or adaptations that may reduce the risk. The inspectors reviewed records of interventions following any slips, falls or near-misses and this included a medicines review and a mobility assessment by the physiotherapist and detailed balance and gait analysis recorded.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also when resident's returned to the centre, for example from hospital, there was a clear summary of their needs and guidance on any interventions needed.

Residents told inspectors they enjoyed a range of activities in the centre, a programme of activities operated. Mass took place in the centre, music, games, movies, arts and crafts, jewellery making and bingo were organized by staff. Residents with cognitive difficulties could also access sensory therapy and one-to-one sessions and were individually assessed to ensure that suitable pastimes and hobbies could be maintained.

Residents had access to a general practitioner (GP) and evidence of access to allied

health professionals (including mental health supports) was also found with documented visits, assessments and recommendations by occupational therapy, physiotherapy and psychology dental, optical and podiatry services. Access to palliative care specialists was available through the primary care and acute hospital services. Access to a dietitian, occupational therapy and tissue viability consultancy was in place.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The premises were purpose-built in 2011 for resident accommodation for up to 103 people. The plans submitted by the provider as part of the renewal process were fully reflective of the centre and its facilities including room sizes. Residents are accommodated over five floors. The designated centre is located in an urban setting in Northwood on the outskirts of the city centre. The main building is accessed from the reception area and parking for visitors is found in a secure underground car park.

Access to the building is controlled at a reception area, where all visitors are asked to sign in and undertake hand hygiene. The design and layout of the premises is suitable for the stated purpose as outlined in the statement of purpose. There were adequate toilet, shower and bathroom facilities for residents' use. Two resident passenger lifts and three stairwells are in place. A 'dumb waiter' system operates to each floor from the kitchen, to efficiently transport hot foods to the servery and dining areas of each floor.

The ground floor has a reception area, foyer, oratory, a reading area and a hairdressing salon. There is one assisted toilet and the person in charge and assistant director of nursing have an office near the front door. There are ten single en-suite bedrooms on the first floor, and day and dining space. The main kitchen is located on the ground floor which serves each of the five dining areas. All the centres' facilities were found to be available to each resident on all five floors, with wheelchair accessible level garden space.

The rooms were as follows and were extensively reviewed on the initial registration

inspection and were found to be substantially in compliance with the legislative requirements and met the stated purpose as outlined in the statement of purpose:

- 61 single bedrooms with full en-suite facilities
- 21 twin bedrooms with full en-suite facilities

The inspectors noted the grounds and premises were well maintained. Overall, there was adequate lighting, ventilation and heating in place throughout the building. Nonetheless, an ongoing issue with an increase in room temperature in the dining spaces was found to have been partially addressed. Inspectors noted a temperature of 26.6 degrees Celsius was in the first floor dining areas. The provider had put in place additional cooling measures to reduce the risk to the residents, but further review of this was required to manage safely.

The laundry facilities were found to be adequate and were located in the basement area and well equipped with appropriate washing and drying machines and facilities to iron linens and clothing. All resident laundry inclusive of sheets and towels were managed on-site. Staff were clear on their role in management of infection prevention and control in this area whilst dealing with soiled laundry. Hot water was thermostatically controlled to wash hand basins and shower/bath facilities, and the hairdressing room.

Storage facilities were adequate and corridors were wide and had handrails in place. All residents had access to a large outdoor garden where residents were seen enjoying activity and fresh air. Seating and was in place for leisure and garden activities. An outdoor smoking space had been designated for residents use. Each floor had private space where visitors could meet with residents.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Arrangements were in place to consult with residents in the organisation of the centre. There were regular resident's committee meetings. The minutes recorded discussions

and an action plan was in place to cover areas where resident's suggested improvements. A new system had been implemented where meetings would be facilitated now on a quarterly basis by an independent advocate, and chaired by the quality and compliance manager. Minutes were taken by the activities co-ordinator.

There were a range of activities in the centre including exercise, aromatherapy, reminiscence, and a range of music activities. The programme of activities was discussed with residents and suggestions were made for different things to be included. Activity provision was also informed by the "I am who I am" assessment tool, and was resident-focused. Information on the monthly programme was provided on resident notice-boards.

Access to facilities in the local community was actively promoted, including the theatre and exhibitions. Residents were seen to be making choices about how they spent their time in the centre. Some residents were going out with family and friends. Others were choosing to spend their time in their rooms, or the different lounges in the centre. Residents could freely access the enclosed garden with and seating and a bowling green available in the outside garden.

The inspectors observed that there were choices for meals, drinks and snacks throughout the day. There were dining areas on each floor, and residents were seen to enjoy the social nature of mealtimes. Facilities to access refreshments including drinks and snacks were in place.

Visitors confirmed to inspectors that they were supported to maintain strong links with their relatives and friends. There were visitors lounges in the centre, but people were encouraged to sit where it suited them best.

Residents voted by attending their own polling station, and others voted when a polling officer attended the centre. Information about advocacy was available and individual advocacy was also facilitated.

Throughout the inspection staff were seen to treat residents with dignity and respect. Resident confirmed the staff were considerate and supported them well. Where residents had specific communication needs, the inspector saw care plans in place that set out their communication needs, and aids or adaptations required to support them, and they most effective way to engage with them. For example if a resident has sight loss, the type of loss was described, and instructions were given about the best way to approach them and offer them support.

There was access to TV, DVDs, Wi-Fi, radio and newspapers and magazines. Electronic tablets were available for using Skype and playing films and other activity. The centre has also implemented a reminiscence car which shows a video of Dublin streets.

Judgment:
Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Inspectors reviewed staffing rosters on the day of the inspection and reviewed staffing in place with the person in charge. Residents and relatives also confirmed their satisfaction with staff availability. Overall there were appropriate staff numbers with the relevant skills and training to meet the needs of the residents. Staffing in place for the number of residents at the time of the inspection was adequate. The staffing levels took in to account the layout of the centre. Nurses were supported by Health Care Assistants to meet the needs of the residents. The person in charge and the assistant director of nursing were usually supernumerary to the roster, to enable them to carry on with the day to day running of the centre. There was also a senior management team that contributed to the running of the centre, covering clinical overview and building management responsibilities. Staff rosters were reviewed and found to be planned well in advance, and maintained in line with the regulations. Relief staff were available to be rostered or for when unanticipated leave needed to be covered at short notice.

The inspectors spoke with residents and family members throughout the day of the inspection, and all were very positive about the staff team. Resident gave examples of how they had been supported to maintain their privacy and dignity in the centre. Overall, responses were reviewed centred around staff being helpful and available to support any needs in a pleasant and accommodating way.

The person in charge kept staffing under review, and he was supported in terms of clinical supervision by two directors of nursing and four clinical nurse managers on the team. Inspectors observed staffing on one floor after lunch-time. The nurse was engaged in administered drugs, with two care staff available to meet the needs of up to 23 residents. Inspectors noted that this is a busy time for staff as the other two care staff went on breaks at this time. The person in charge undertook to review the staff allocation at this time in order to maintain a satisfactory standard of care throughout the day.

The provider had implemented a policy that required staff in the centre to complete, and repeat at agreed intervals, a range of training including moving and handling, fire safety, safeguarding of vulnerable people, infection control and care for people with

dementia. Staff were also encouraged to undertake other courses to support them in their role in the centre. The records of staff training and information about dates attended were readily available to inspectors and fully maintained. A training plan was in place that covered the next 12 months, and it was seen to include all staff who needed to attend refreshers of courses. The provider reviewed training needs when staff appraisals took place. Staff who spoke with the inspectors confirmed they had completed all their mandatory training required by the provider. For example, further dates for responsive training had been identified for staff requiring this training.

There were effective recruitment procedures in place in the centre. Staff files of the four most frequent recruits were reviewed. All of these staff files contained all the requirements as per Schedule 2 of the regulations. All nurses employed in the centre had current registration with the Nursing and Midwifery Board of Ireland. A sample of staff records reviewed by inspectors confirmed that all staff had Garda Síochána vetting disclosures in place prior to commencing work at the centre.

There were no volunteers working in the centre but the provider was aware that any proposed staff would have appropriate checks, including garda vetting disclosures prior to commencing their role in the centre.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Cara Care Centre
Centre ID:	OSV-0000735
Date of inspection:	30/08/2017
Date of response:	27/09/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Elevated temperatures and ventilation needs review in dining spaces.

1. 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.

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

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

- A) We will continue to monitor temperatures on a daily basis in all dining rooms.
 - (B) We have put louvers on Dining room windows to allow us to open them fully.
 - (C) We will seek external professional advice if needed.
- Risk assessment completed and will review monthly see attached.

Proposed Timescale: A&B complete and C ongoing review

Proposed Timescale:

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Review staffing arrangements to ensure that there is adequate staffing in place to provide care after lunch service.

2. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The times of all staff breaks have been reviewed and changes have been implemented to ensure more staff are available on the floor to meet residents needs.

Proposed Timescale: with Immediate effect

Proposed Timescale: 27/09/2017

