Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Cluain Arann Welfare Home & Community Nursing Unit
Centre ID:	OSV-0000674
Centre address:	Avondale Crescent, Tipperary Town, Tipperary.
Telephone number:	062 52186
Email address:	denise.flynn@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Bridget Farrell
Lead inspector:	Kieran Murphy
Support inspector(s):	Louisa Power
Type of inspection	Announced
Number of residents on the date of inspection:	19
Number of vacancies on the date of inspection:	11

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.

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 Quality 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 2 day(s).

The inspection took place over the following dates and times

From:	To:
20 January 2015 11:15	20 January 2015 17:00
21 January 2015 09:30	21 January 2015 14:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

Cluain Arann was a facility owned and managed by the Health Service Executive (HSE) and included a nursing unit and a welfare home. The nursing unit accommodated 10 residents who were referred for convalescence, respite care or palliative care. The referral for a respite placement could be from a general practitioner or a public health nurse. Residents requiring palliative care were referred either directly from an acute hospital or via the home care palliative care team. The welfare home could accommodate 20 residents who had to be independent and self caring.

A number of questionnaires, completed by residents and their families, were received prior to and following the inspection. While the residents in the nursing unit and the

welfare home had differing healthcare needs all responses reflected satisfaction with the care received with one specifically saying that "care was first class" and the centre was like "a home away from home"

There was evidence of access to advice from the HSE at a regional level in relation to clinical risk management. There was evidence of learning from adverse events, supporting the person in charge to effectively manage adverse events and allowing best practice to be actively promoted to improve the safety. This is discussed in more detail in Outcome 8. Since the last inspection comprehensive individualised risk assessments had been introduced for residents who smoked with a safe smoking care plan in place for each resident who smoked.

Improvements were required in a number of areas including:
- Review of quality and safety
- management of healthcare records
- management of residents' finances
- medication management
- restrictive practice
- hazard control
- infection control
- fire training

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

Findings:
The statement of purpose and function was viewed by the inspectors and on the first day of inspection it did not include the information set out in the certificate of registration including the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007. This was rectified during the inspection by the person in charge. The statement of purpose accurately described the services and facilities and the manner in which care was provided.

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:
Since the last inspection there had been no change in the overall governance structure. The centre was under the overall management of the Health Services Executive (HSE)

with the provider nominee being the manager of older persons in South Tipperary. Admission to the welfare home was via the local placement forum for the HSE region and the provider nominee was part of this forum.

The person in charge had introduced a system of quality assurance reviews which included audit of hygiene, safety inspections and medication audits. The results of the audits were available with quality improvement plans outlined to remedy deficits. There had been an audit of meals and food, which in the records seen by inspectors was undated. Over 50 per cent of the responses indicated that the choice and presentation of food was excellent.

The person in charge had a process of seeking formal feedback from residents and inspectors reviewed 19 patient satisfaction surveys. The date of the survey was unclear and the results did not appear to have been collated. However, it included resident comments on issues including:
• Environment and cleanliness
• meals and food
• information
• privacy and dignity
• activities.

As discussed in more detail in Outcome 8 there was evidence of implementation of a coordinated regional approach by the HSE to learning from adverse events as part of a quality improvement programme. However, there was no formal annual review of the quality and safety of care delivered to residents in this centre as required by Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (the regulations).

Judgment:
Non Compliant - Major

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
The inspectors reviewed a sample of residents' contracts of care for both the nursing unit and the welfare home. Contracts were signed and dated by the resident or their representative within one month of admission. The contracts set out the services to be provided, the overall basic fee for the provision of care and services, any monies

received from state support schemes and the residual fee for which the resident was liable as applicable to each resident. Details of any additional services that may incur an additional charge were included.

The contract of care for residents of the welfare home explicitly set out that if there was deterioration in a resident's condition and where the care requirements were such that the resident did not meet the criteria for independent living in the welfare home, then more suitable accommodation had to be found. There was also a centre-specific risk assessment available for residents no longer suitable for welfare home placement.

The residents' guide was compliant with the regulations as it contained a summary of services and facilities, the terms and conditions of admission, a summary of the complaints process and the arrangements for visits.

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 was the acting director of nursing. She was a qualified nurse and had worked in the centre since 2000. She had a bachelor of nursing degree and a post-graduate diploma in health services management. The inspectors were satisfied that the person in charge was engaged in the governance, operational management and administration of this centre on a regular and consistent basis.

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):
No actions were required from the previous inspection.

Findings:
Inspectors examined a sample of residents' healthcare records and found that the mechanisms in place for managing these records required improvement. There was a clerical officer who maintained an accurate and secure filing system for all healthcare records which ensured that each resident had a healthcare record available. This system was effective particularly as residents were re-admitted over time on a respite basis to the nursing unit. However, in some healthcare files of current residents' medical admission information, including referrals from hospitals, were not filed in the appropriate section of the healthcare chart. They were being placed in the inside pocket at the back of the healthcare record. This system did not adequately ensure that relevant healthcare information was available to plan care for residents.

Inspectors reviewed a sample of personnel files and saw evidence of Garda Síochána vetting, references and personal identification in all files. Since the last inspection the staff files contained a recent photograph of the employee.

A directory of residents was maintained in the centre and was made available to the inspector.

Inspectors viewed a letter from the administration section of the HSE which outlined that that the centre was adequately insured against all public liability incidents.

Judgment:
Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
There had not been any period where the person in charge was absent for 28 days or

more since the last inspection. The person in charge and the nominated registered provider were aware of the obligation to inform the Chief Inspector if there was any proposed absence of the person in charge.

There were clear arrangements to cover for the absence of the person in charge with the acting senior clinical nurse manager having responsibility for management of the centre. The senior clinical nurse manager was a registered general nurse and had worked in the centre since 2002. She had a certificate in gerontological nursing, a certificate in palliative care and a diploma in health services management. Inspectors were satisfied that she had the requisite skills and experience in care of the older person to deputise when necessary.

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 systems in place to safeguard residents' money required improvement. The person in charge outlined that she was the pension agent for a number of residents. However, there was no evidence of consent of the resident to this arrangement. While inspectors saw complete records were maintained of all financial transactions, two staff members were not signing for all transactions with the resident. There was an audit system in place to review finances but there was no records maintained of these audits.

There was a policy in place to protect residents from being harmed or suffering abuse. Residents spoken with by the inspectors stated that they felt safe in the centre and would have no problem reporting any concerns to staff. One staff nurse had specific qualifications in training on the prevention, detection and reporting of abuse. Records showed that all staff had received training in 2014.

There were two policies on the use of restraint available but it wasn't clear to inspectors which policy was being used. One of the policies indicated that when restraints, for example a bedrail, was in use a record of checks must be documented. While staff indicated that resident's safety was being monitored closely when the bed rails were in place there was no documentary evidence of any checks being undertaken and

recorded. Since the last inspection there was evidence that residents were being consulted before restraints were put in place. The rationale for use of the bedrails was clearly documented and consent had been obtained.

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

Findings:
There was a policy called "information for staff on the management of, identification, reporting and management of risks and incidents". There was a risk register which contained the measures to control hazards including abuse, unexplained absence of a resident, injury and aggression. Each identified hazard had been assessed in accordance with an outline of whether it was a low risk, medium risk or high risk. There were controls in place to manage the identified hazards. In some cases there was a need for additional controls. For example in relation to injury additional controls required included ensuring call bells would be in place and an occupational therapist to assess hand rails. However, the risk register had not been completed fully as it did not identify the person responsible for action or a due date for when these actions were to be completed.

There was evidence that incidents were being reviewed and appropriate actions taken to remedy identified defects. There had been nine reported incidents of residents falling between January and August 2014, with no other incidents reported from August onwards. The clinical risk manager for the HSE region had undertaken a review of these incidents with recommendations in place for staff to prevent falls occurring including a falls risk assessments for each resident. In the sample healthcare files seen by inspectors this had been implemented.

For serious adverse events there was a process where the regional clinical risk manager completed a review of the event with robust investigations, which resulted in the centre learning from serious incidents to minimise the risk of the incident happening again. There had been one such review in 2014.

Since the last inspection individualised risk assessments had been introduced for residents who smoked. A safe smoking care plan was also in place for each resident who smoked. On the day of inspection, the person in charge confirmed that only residents assessed as not requiring supervision were using the smoking area but measures were in place if supervision was required. There was a designated smoking area which was

mechanically and externally ventilated, equipped with fire fighting and fire detection equipment, a means to raise the alarm, fire resistant furniture and a fire retardant apron.

There was an emergency plan (2013) addressing the centre's response to fire and other emergencies like loss of power, loss of heating, water supply and extreme weather.

In relation to infection control one resident had been identified in the transfer documentation from an acute general hospital as having a vancomycin-resistant enterococci (VRE) infection. The documentation outlined that the patient had been isolated during admission in the hospital and the nursing unit was advised to use standard universal precautions. There was a nursing care plan in relation to the management of the resident's VRE infection on admission to the centre, although the resident was not isolated from other residents.

Inspectors reviewed the laundry arrangements in place. The design of the laundry facilities and the procedure described by staff in relation to the management of laundry items did not allow for correct flow and appropriate segregation of soiled and clean items. This practice compromised the prevention of cross contamination. The centre was visibly clean with a cleaning schedule identifying areas to be cleaned and cleaning frequencies. However, a number of tiles were observed to be missing from the walls in the shower room for in the welfare home. There was a contract in place for the disposal of clinical waste and records were maintained of removal and transport.

There was a valid fire certificate for the centre dated 08 October 2014. Inspectors saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:
• Servicing of fire alarm system and alarm panel December 2014
• servicing of the emergency lighting October 2014
• fire extinguisher servicing and inspection September 2014

There was a schedule of evacuation drills, with the most recent being undertaken in January 2015. The centre was part of a fire precautions committee with another HSE facility. The minutes of the most recent meeting in September 2014 indicated that a number of employees required fire training. The person in charge indicated that there was only one staff member still to be trained and this was scheduled for February 2015.

Judgment:
Non Compliant - Moderate

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

Findings:
The centre-specific policy on medication management, which had been reviewed in July 2013, was made available to the inspectors. The policy was comprehensive and evidence based. The policy was made available to staff who demonstrated adequate knowledge of this document.

Medications for residents were supplied by a local community pharmacy. The pharmacist completed regular medication reviews, most recently in December 2014. There were minutes of meetings involving the pharmacist with residents and staff to discuss complex medication regimes. It was documented that the residents had engaged with the pharmacist regarding the medication administration and potential side effects.

Records confirmed that appropriate and comprehensive information was provided in relation to medication when residents were transferred to and from the centre. Inspectors saw that, for a number of residents, typed discharge prescriptions had been given to the centre on transfer from the local general hospital

A formal assessment establishing the residents' willingness and capacity to self-administer their medication and the level of support or supervision required was made available to the inspectors. This assessment was reviewed at least every four months. Safe and secure storage was provided to residents who self-administered their medications. All the residents living in the sheltered accommodation section were self-administering most of their medicines using compliance aids. Staff completed a nightly checklist to monitor compliance of each resident. The checklists were made available to the inspectors who saw that each resident was included and medication non-compliance was reported as appropriate. This nightly checklist was augmented by a weekly audit completed by nursing staff.

Inspectors noted that medications were stored in a locked cupboard or medication trolley. Since the last inspection this included secure storage of medications required during a cardiac arrest. The temperature of the medication refrigerator was noted to be within an acceptable range with the temperature being monitored and recorded daily. Medications requiring refrigeration were stored appropriately. Handling and storage of controlled drugs was in accordance with current guidelines and legislation.

Staff with whom inspectors spoke confirmed that it was not the practice for nurses to transcribe prescriptions. Inspectors confirmed that nursing staff were not administering medication in a modified form such as crushing at the time of the inspection.

The inspectors noted that medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. However, inspectors observed that the maximum dose was not always specified for 'as required' medications. Therefore, it was not clear if these medications were administered as prescribed.

Medications which are out of date or dispensed to a resident but are no longer needed

were stored in a secure manner, segregated from other medicinal products. These medications were either disposed of on site or sent to the pharmacy for disposal. A designated disposal system was used for the disposal of medications and transport documents were provided to the inspector. Since the last inspection a record of the medications returned to the pharmacy was maintained which allowed for an itemised, verifiable audit trail.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:
It is a requirement that all serious adverse incidents are reported to the Authority. A record of all incidents occurring had been maintained and all notifications had been sent to the Authority as required.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
Inspectors reviewed a sample of healthcare files of residents from both the nursing unit and the welfare home. There was evidence of a pre-assessment undertaken prior to

admission for residents. In relation to the welfare home admission was via the local placement forum coordinated by the HSE. This resulted in a summary assessment report identifying if the resident was suitable for place in Cluainn Aran. For the nursing unit there was evidence of good communication from the hospital referring the resident for admission to the centre. There were up to date discharge letters from a medical and nursing perspective. This information was used to inform the assessment of the resident on admission.

After admission, there was a documented comprehensive assessment of daily living, including personal care, continence, mobility and nutrition. There was evidence of a range of assessment tools being used and ongoing monitoring of falls risk, weight and mobilisation.

Nursing care plans were based on the admission assessments and addressed health care needs identified in these assessments. Each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at four-monthly intervals. In feedback submitted to the Authority prior to the inspection one resident and their family specifically commented that they were kept up to date on the resident's health and needs.

There was evidence that timely access to health care services was facilitated for all residents. The person in charge confirmed that a number of general practitioners (GP) were currently attending to the need of the residents and an "out of hours" GP service was available if required. For residents in the community nursing unit, residents confirmed to inspectors that a medical officer attended twice daily, with one resident specifically stating that she felt very reassured by this practice.

In line with their needs, residents had ongoing access to allied healthcare professionals including psychiatry. There was direct referral via the resident's GP for speech and language and dietetics. A physiotherapist was on site two days per week and undertook a falls prevention clinic. There was a specific physiotherapy treatment room. The records confirmed that the care delivered encouraged the prevention and early detection of ill health through for example regular medication review and smoking cessation advice.

When residents were being discharged there was evidence of a discharge care plan being put in place. There was a specific risk assessment in place for residents no longer suitable for welfare home placement. This was relevant when the resident's care needs were such that they no longer met the criteria for independent living. In these circumstances there was evidence of liaison with the healthcare professionals at the receiving long-term care placement centre. There were records confirming the person in charge explaining the process to the resident and arranging for transfer.

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 building was a purpose built single-storey construction comprising the sheltered accommodation and nursing unit. The welfare home was well decorated and the provider had made a significant effort to create "memory lane" on the main corridor by decorating the walls with pictures that the residents would find familiar.

Residential accommodation in the welfare home consisted of 14 single bed rooms and two three bedded rooms. All single rooms had a wash hand basin. Both of the three bedded rooms had en-suite facilities. During the inspection each three bedded room was only occupied by one resident.

Residential accommodation in the nursing unit comprised two four bedded rooms; one for male and the second for females. There was adequate spacing and screening between beds to safeguard residents' privacy and dignity. There were also two single en-suite rooms which could be used by either male or female residents. There was ample personal storage in all bedrooms for residents' belongings.

The welfare home also consisted of a dining area adjacent to the kitchen. There were separate storage areas for food, kitchen storage and cleaning equipment. There was a sluice room, a physiotherapy room, a laundry room and two shower rooms. A number of tiles were observed to be missing from the walls in one the shower rooms. A further four toilets with wash-hand basins were provided for resident's use. There was a family room and a further activities room for residents who wished to paint. There was an adequately furnished day room which also provided access to the smoking shelter.

The nursing unit contained a well furnished day room, a nurses station and a treatment room. There was also a linen room, store room and a bathroom with an assisted bath.

Residents had access to grounds to the front and side of the residential unit. There were also two enclosed gardens one being a remembrance garden for the nursing unit with seating and attractive flowers and shrubbery.

Judgment:
Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
Since the last inspection there was a new complaints policy which was based on the Health Services Executive (HSE) policy "Your service your say". A summary of the complaints procedure was available at the entrance with a photograph of the person in charge as designated complaints officer.

Inspectors viewed the complaints log for 2014 which had five complaints relating to heating, food and maintenance. All complaints contained an outcome review and all had been resolved. There were three complaints relating to delay for the resident in obtaining a medical card. The centre had followed up with the relevant department on behalf of the residents in these cases. During the inspection one resident of the welfare home raised a particular issue with inspectors. The person in charge outlined that a risk assessment was in place in relation to this matter.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
There was an end of life care policy. There was a large oratory with religious services being held regularly.

Inspectors reviewed the healthcare records of a recently deceased resident and noted that all appropriate care and supports had been provided including access to the specialist palliative care home care team. The person in charge outlined that the palliative care service was available on a 24 hour basis. In the healthcare records

reviewed there was evidence of appropriate assessment, review and support of residents at end of life by the GP.

However, inspectors noted that the healthcare records did not completely capture residents' end of life preferences. Where a resident had been admitted for a short stay but the resident's condition deteriorated during that time, the resident's end of life wishes had not been ascertained or documented. For example the resident's wishes in relation to funeral arrangements had not been documented. However, the person in charge outlined in that instance that staff were aware of the resident's wishes and had acted on those wishes.

The person in charge indicated that single en-suite rooms were made available for residents at end of life and there was unrestricted access for families. Showering and dining facilities were made available to families. There was a written procedure available for staff following a resident's death which outlined arrangements for contacting:
• Family
• medical officer
• coroner (if required)
• priest/minister
• undertaker.

Records seen by the inspector showed that all of these guidelines were being implemented appropriately by staff.

The inspectors noted that practices after death respected the remains of the deceased person. Personal possessions were returned in a sensitive manner using green canvas. The centre was a member of the "Hospice Friendly Hospitals" initiative. Resources and additional training for staff had been provided.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
Feedback from residents and their families indicated satisfaction with the food and menu choices with one resident specifically stating that "the meals were excellent and

nutritious".

There was a policy on food and nutrition and inspectors saw evidence that an assessment of the resident was undertaken on admission to include an initial malnutrition universal screening tool (MUST) assessment and a recording of the resident's weight. Nursing care plans based on this assessment identified nutritional needs.

The kitchen was adjacent to the main dining room. The inspectors met with the one of the chefs who oversaw the preparation and serving of meals. He was knowledgeable about residents' specific dietary requirements and there was a communication board available in the kitchen area outlining particular residents' likes and dislikes.

The dining room was a large room overlooking the garden and the tables were set prior to meals. There was a choice of at least two meals available at lunch, with a number of four options for the evening meal. The menu board in the dining room outlined the choices available to residents. The meals were well presented and an appropriate number of staff were available to provide assistance if required. A number of residents attended a day service in the community and the residents outlined to inspectors that meals were kept for them or they had the option of a snack and a drink on return to the centre. There was access to fluids and snacks throughout the day, tea trolleys were seen in circulation.

There was a residents' forum, called a focus group meeting with food being an agenda item at the most recent meeting in November. Recommendations included the provision of liver every two weeks. The chef outlined that specific requests like this were made available to residents.

A record of staff training recorded that multi-task staff had completed training on the management of food hygiene to a Further Education and Training Awards Council (FETAC) level IV. The chef had completed food and nutrition training in September 2014. The most recent Environmental Health Officer report was available.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
A number of residents in the welfare home outlined to inspectors that they attended day services elsewhere in the community and were free to access events in the locality. Inspectors observed televisions and radios in the communal areas. Many of the residents also had access to televisions in their bedrooms and newspapers were delivered every day.

There was evidence of residents exercising their right to refuse medical treatment. For example access to a vaccination programme had been offered to all residents with a number of residents refusing the vaccination.

There had been three focus group meetings in 2014 where residents were consulted about the organisation of the centre. Issues included
• An outline of the complaints process by the person in charge
• food choices
• Christmas party
• reasons for restricted access to the laundry room on health and safety grounds.

Each resident's communication ability was assessed on admission. Based on this assessment, if required, communication care plans were in place.

There was an open visiting policy and families with whom inspectors spoke confirmed that there were no restrictions on visits. There were a number of areas throughout the centre where each resident could receive visitors in private.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
Since the last inspection a property list of possessions was available for each resident on admission and updated as necessary. There was also a policy on resident's personal property and possessions.

Staff explained the laundry process with linen being outsourced, clothes for residents of the welfare home being washed on site and clothes for residents in the nursing unit being washed by families.

Inspectors saw personalised living arrangements in resident's rooms with photographs and personal effects. Some residents had received further shelving and storage to facilitate hobbies like painting.

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

Findings:
At the last inspection it was found that there was inadequate supervision of residents in the welfare home particularly in the morning. Based on the review of the staff rota made available to inspectors there were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

There was a training programme in place and all staff had received mandatory training as required by the regulations. Training records seen by inspectors indicated that training had been received in areas like infection control, falls prevention and palliative care.

Inspectors saw evidence of good supervision for staff at all levels in the organisation. There was a staff communication policy with communication meetings for nurses including issues like agency cover, resident falls and physiotherapy cover. The communication meetings for multi-task attendants included cleaning rotas, supervision of residents at night and maintenance issues.

All multi-task attendants had engaged in a staff performance review called an assessment review which gave an opportunity to discuss their role and also to discuss

personal objectives and personal developments plans including further education.

There were a number of volunteers supporting residents. All were appropriately supervised with relevant garda vetting in place.

Judgment:
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:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Cluain Arann Welfare Home & Community Nursing Unit
Centre ID:	OSV-0000674
Date of inspection:	20/01/2015
Date of response:	09/03/2015

Requirements

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

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

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no formal annual review of the quality and safety of care delivered to residents.

Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
A residential forum took place on the 2nd February. Quality and Safety issues formed part of the agenda. An Annual review will be completed going forward.

Proposed Timescale: 26/03/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Healthcare information was not being securely stored in the healthcare file.

Action Required:
Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

Please state the actions you have taken or are planning to take:
The current medical charts have been reviewed in relation to their capacity to store relevant information. New Charts to be costed for and funding approval requested.

Proposed Timescale: 30/04/2015

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no documentary evidence of any checks being undertaken and recorded while restraints were in use.

Action Required:
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

Please state the actions you have taken or are planning to take:
A system has been put in place to allow for a written record of times when restraints are in use

Proposed Timescale: 09/03/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Two staff members were not signing for all financial transactions with the resident.

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:
A system has been put in place for a second staff member to co-sign all for financial transactions carried out by residents

Proposed Timescale: 09/03/2015

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Hazard identification arrangements not completed.

Action Required:
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
Hazard identification sheets will be completed in consultation with registered provider.

Proposed Timescale: 19/04/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The design of the laundry facilities and the procedure described by staff in relation to the management of laundry items did not allow for correct flow and appropriate segregation of soiled and clean items.

Action Required:
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

Please state the actions you have taken or are planning to take:
A reorganising of Laundry facilities/equipment will occur with the installation of shelving to occur within resources available

Proposed Timescale: 19/05/2015

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had received fire training.

Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
Staff member will have fire training on the 20/04/2015

Proposed Timescale: 20/04/2015

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The maximum dose was not always specified for 'as required' medications. Therefore, it was not clear if these medications were administered as prescribed.

Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take: Clear documented evidence of when maximum dosages medications are administered will be detailed in the medication kardex
Proposed Timescale: 19/04/2015