

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Carrigoran House
<b>Centre ID:</b>	OSV-0000445
<b>Centre address:</b>	Newmarket-on-Fergus, Clare.
<b>Telephone number:</b>	061 368 100
<b>Email address:</b>	info@carrigoranhouse.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Sisters of Charity of the Incarnate Word
<b>Provider Nominee:</b>	Valerie Vaughan
<b>Lead inspector:</b>	Mary O'Mahony
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	105
<b>Number of vacancies on the date of inspection:</b>	8

## **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 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
10 April 2017 11:00	10 April 2017 18:45
11 April 2017 09:15	12 April 2017 20:00

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

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

**Summary of findings from this inspection**

This inspection of Carrigoran House Nursing Home by the Health Information and Quality Authority (HIQA) was announced and took place over two days. The centre was owned and run by the Sisters of Charity of the Incarnate Word. They had applied to renew registration of the centre. As part of the monitoring inspection, the inspector met with residents, relatives, the provider nominee, a number of Sisters, the person in charge and staff members. The inspector observed practices and

reviewed documentation for example, residents' files, incident and complaint records, training records, policies and staff files. The provider and person in charge were proactive in responding to the actions required from previous inspections. There were 105 residents in the centre during the inspection and there were eight vacant beds.

The inspector found that the premises, furniture and fittings were of a very high standard and the centre was clean and well maintained. There was a nice, fresh standard of décor throughout. The results of the pre-inspection questionnaires, sent by out by HIQA prior to the inspection, were reviewed by the inspector. These were found to include positive comments in relation to the staff and the provision of care. Residents and relatives, spoken with by the inspector, were complimentary of the variety, quality and choice of activities in the centre. Visitors were seen in the centre throughout the inspection. They stated that they were always welcomed by staff. Family and community involvement were encouraged in the centre. The inspector formed the view that care was person-centred and individualised and appropriate staff training was provided. This will be discussed further in this report.

The centre was found to be in substantial compliance with the requirements of regulations. However, some improvement was required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. Improvements were required in the area of notification of events, as required by the aforementioned regulations.

**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:**

The centre had a statement of purpose which accurately described the service provided in the centre.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**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:**

Management systems were in place to ensure that the services provided were safe, appropriate to residents' needs, consistent and effectively monitored. Weekly management meetings were organised. Minutes of these were seen by the inspector.

There was a clearly defined management structure in the centre that identified the lines of authority and accountability. The centre had a robust system in place to review and monitor the quality and safety of care and the quality of life of residents. There was evidence of improvement brought about as a result of learning from monitoring reviews.

Consultation with residents was documented in the minutes of residents' meetings. These meetings were held on a three monthly basis. A residents' satisfaction survey was carried out annually and comments seen indicated that residents were happy with the care they received, complimentary of the food and praiseworthy of the kindness of staff.

**Judgment:**

Compliant

***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 residents' guide was reviewed by the inspector and this was available to all residents. It contained the information required under Schedule 2 of the regulations.

Contracts of care had been implemented for residents and samples of these contracts were viewed by the inspector. The contracts were comprehensive, were agreed within a month of admission and contained details of fees to be charged, for extra services.

Additional information was available for residents, in the newsletter and on notice boards in the centre.

**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 been in the post for seven years. She worked full time in the centre and was a nurse with experience in the area of nursing the older person. The person in charge possessed clinical knowledge to ensure suitable and safe care. She demonstrated knowledge of the legislation and of her statutory responsibilities. She was engaged in the governance, operational management and administration of this centre on a consistent basis. She met regularly with members of the management team and staff. She was engaged in continuous professional development and had qualifications in gerontological nursing, dementia care, nurse management and wound care.

**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:**

The records listed in Schedules 2, 3, 4 and 5 of the Health Act 2007 (Care and Welfare of Residents in Designated centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The centre was adequately insured against accidents or injury to residents, staff or visitors. Residents, to whom records referred, were able to access them. The inspector viewed a sample of staff files which were found to be in good order and to contain the regulatory documents. The roster for staff was seen, which correlated with information provided by the person in charge.

The centre had centre-specific policies in place, which supported and guided practice. Staff spoken with, were knowledgeable in regard to these policies. There was evidence

that policies were regularly reviewed.

**Judgment:**

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:**

The provider was aware of her statutory duty to inform the chief inspector, of the proposed absence of the person in charge, from the designed centre and the arrangements in place for the management of the centre, during her absence. There was a suitably qualified person employed, to deputise in the absence of the person in charge.

**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:**

Policies and procedures were in place for the prevention, detection and response to abuse. This made reference to best evidence based practice and to update national policy guidelines. Staff with whom the inspector spoke were knowledgeable of the types of abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. Staff stated that they received regular training courses, in this area. Residents stated



they felt safe and attributed this to the kindness of staff.

Systems were in place to safeguard residents' money and these were monitored by the provider and person in charge. Two staff members signed for any residents' monies, lodged or withdrawn. A sample of records checked were seen to be in order. Each resident had a separate envelope of invoices for any personal spending.

The centre operated a restraint-free environment. Only two residents utilised bedrails. Consent for their use had been signed and the inspector viewed the associated risk assessments.

A policy on managing behaviour which was related to the behavioural and psychological symptoms of dementia (BPSD) was in place. Efforts were made to identify and alleviate the underlying causes of such behaviour. Documentation was in place, to indicate that distraction and de-escalation techniques were employed, as a first response. Staff spoken with, were aware of this policy and had received appropriate training, to update their knowledge and skills.

**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:**

Records viewed by the inspector indicated that staff had received up-to-date moving and handling training. There were a number of hoists available in the centre and individual hoist slings were provided. These hoists were serviced on a regular basis and records of same were seen by the inspector. There was a risk management policy in place which covered clinical and non-clinical risks. The centre-specific safety statement was reviewed on 18 February 2017. There was an active health and safety committee in the centre, which included representation from all areas of the service. Maintenance personnel were employed for internal and external work and all repairs were attended to promptly. Audits were undertaken and records were maintained of areas such as, water temperature, wheel chair service records and electric mattress service records.

Procedures for evacuation in the event of fire were displayed throughout the building. Staff, spoken with, demonstrated their knowledge of what to do in the event of fire. Documentation of fire checks was reviewed and found to be satisfactory. Records of fire training and fire drills were reviewed by the inspector. Fire fighting and safety

equipment had been serviced as required. The fire alarm and emergency lighting were serviced three-monthly. There was a comprehensive emergency plan in place, which outlined the procedures to be followed, in the event of an emergency.

The premises was observed to be very clean and infection control practices were of a good standard. Plentiful personal protective equipment, such as gloves and aprons, were available. Records, of infection control training, provided to staff, were viewed by the inspector. The arrangements, for the disposal of domestic and clinical waste management, were appropriate.

**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:**

The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with guidelines and legislation. A sample of records checked were seen to be in order. Staff were observed adhering to appropriate, medication management practices. There were measures in place for the recording, storing and disposal of out-of-date medicines.

Regular audit of medicines management was carried out, for example, on the use of psychotropic medicines. Residents availed of the services of an external pharmacist, who supplied medicines to the centre.

A review of a sample of medicine prescription and administration charts indicated substantial compliance with the guidance issued by An Bord Altranais agus Cnáimhseachais na hEireann for nurses. There was evidence that residents' medicines prescription charts were reviewed by the general practitioner (GP).

**Judgment:**

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.***

<p><b>Theme:</b> Safe care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> A record of all incidents occurring in the centre was maintained and, where required, notified to the Chief Inspector. Notifications and quarterly reports were forwarded to HIQA within the appropriate timeframe.</p> <p>However, the inspector found that one incident, which had been fully investigated in the centre, had not been notified, as required under legislation.</p>
<p><b>Judgment:</b> Non Compliant - Moderate</p>

***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.***

<p><b>Theme:</b> Effective care and support</p>
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<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> A comprehensive and personalised assessment of residents' health and social care needs was undertaken by the person in charge, prior to admission. Care plans included a detailed profile of each resident. Residents and relatives, where appropriate, were involved in developing and reviewing the care plans. Care plans were revised, following four monthly reviews. The sample of care plans viewed by the inspector were found to be personalised. Residents had access to GP services and appropriate treatment and therapies. Care plans were seen to have multi-disciplinary input from the pharmacist, the doctor, the clinical nurse manager and the pharmacy technician. Specialist services and allied health care services such as physiotherapy, occupational therapy, and dietician services were availed of. The chiropodist attended on a monthly basis and documentation in the care plans confirmed this. Clinical assessments, such as, skin integrity, falls, continence, cognition, pain and nutritional status were undertaken for each resident. The Malnutrition Universal Screening tool (MUST) was utilised to assess the risk of malnutrition for any resident who had lost weight. Residents' weight was</p>
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recorded monthly. There was good communication between the dietician, the staff and the kitchen staff. The inspector spoke with a number of staff who were found to be familiar with residents' nutrition needs, special diets, likes and dislikes.

There were opportunities for residents to participate in a number of meaningful and varied activities. Life story information was used to ascertain resident's preferred activity or previous interests. These included music, art, balance and chair based exercises, card games, quiz, dominoes, doll therapy, Sonas, personalised activities such as hand massage and cooking. Activity staff in the centre were supported by a number of the Sisters and other volunteer staff. One of the activity personnel spoken with explained how activities were developed to take into account the assessed needs and wishes of residents. For example, residents with a cognitive impairment were provided with Sonas and reminiscence therapy and those with restricted mobility were supported to enjoy pet therapy, dominoes and wheel chair access to the garden and the church. In addition, residents who enjoyed keeping up-to-date with current affairs were able to enjoy quite reading space and access to radio and television. There was a spacious well equipped hairdressing salon on the premises and residents were seen to avail of this facility during the inspection. Residents had access to secure gardens.

**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:**

Residents stated that the environment and décor in the building enhanced their sense of independence and wellbeing. Storage facilities were plentiful and residents had easy access to their personal belongings. There was an ongoing programme of maintenance, both internally and externally. Adequate space was available for residents to receive visitors in private. There was a variety of communal space available in each of the four units. Maintenance staff were on duty during the inspection and were seen to be occupied with internal maintenance and gardening. The size and layout of bedrooms were suitable to meet the needs of residents. Each bedroom had an en-suite toilet and wash-hand basin. Residents with dementia had been provided with coloured toilet seats which aided visual acuity and orientation. A small number of bedrooms were suitable for

double occupancy. However, similar to findings on the previous inspection the number of baths and showers in each unit was limited. The inspector spoke with a number of staff and residents and found that there was no indication that residents' access to showers or baths was restricted in any way. Some residents had daily showers which were facilitated by staff on different shifts. The person in charge stated that there were a number of vacant bedrooms with en-suite shower rooms, which were also accessible to residents. Equipment was well maintained and service records were viewed by the inspector.

There was a suitably equipped and well stocked kitchen in the centre. Kitchen staff spoken with by the inspector had received appropriate training. The laundry service was outsourced for a number of residents. In addition, family members took laundry home for other residents. In a number of storage areas, excess equipment, no longer in use, was observed by the inspector. The provider demonstrated responsiveness to the regulator by moving the excess items to an external storage facility, on the grounds of the centre, at the end of day one of the inspection.

Walls were decorated with seasonal wall murals and murals depicting traditional musicians. Signage, clocks and information boards were appropriately located. There were colourful 'shop fronts' in the corridors of St Teresa's unit depicting local establishments where memorabilia was displayed. Shop fronts gave the impression of a streetscape, which supported residents who liked to go for a walk around the unit. There were two interlinked dining rooms in the centre which were seen to be used throughout the day for music, quiz and quiet activity. There were also two interlinked sitting rooms in this unit. One of these was furnished with comfortable armchairs and a large TV. The second sitting room was furnished with a fireplace and suitable couches. Residents and relatives remarked on the advantages of the spacious, well furnished foyer, large bright dining area, beautiful church and plentiful seating areas, in the centre.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector viewed the policy and procedure for making, investigating and handling complaints. The complaints process was displayed on an accessible notice board, at the

entrance to the centre. Contact details for the ombudsman and advocacy services were made available to residents and relatives. The services of a national advocacy service had been availed of for some residents.

The inspector reviewed the complaints log and found that complaints were responded to promptly. Detailed documentation was seen, by the inspector, in relation to communication relating to concerns and complaints.

**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:**

Care plans viewed by the inspector in relation to end-of-life care indicated that residents' wishes as to their preferred place of care was documented. Staff spoken with by the inspector, were aware of information for individual residents in the care plans. The inspector noted that arrangements were in place to ensure that residents' choices were respected, for example, a resident had declined cardio-pulmonary resuscitation (CPR), in the future. This was seen to be documented.

The centre had a policy on end of life care which indicated that care was available at this time to meet residents' holistic needs. The person in charge stated that residents had access to specialist palliative care services. Staff members spoken with by the inspector had palliative care training undertaken.

All religious and cultural practices were facilitated. There was a daily religious service in the church which residents attended. Family and friends could be facilitated to be with the resident at end of life and accommodation could be availed of, if necessary. According to the person in charge, residents of all religious denominations received end-of-life care appropriate to their beliefs. Sisters of Charity of the Incarnate Word were available in the centre, on a daily basis, to provide voluntary palliative and counselling support to residents and relatives.

**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:**

Residents had a nutritional assessment on admission and this was repeated on a three-monthly basis. Residents' weights were checked and recorded monthly. The food provided was nutritious and available in sufficient quantities. Meals were available at flexible times and at times suitable to residents. Residents had access to fresh drinking water at all times and the inspector observed staff offering drinks to residents, throughout the day. A choice of food and a menu was provided at each mealtime.

The kitchen was seen to be well stocked and very clean. Residents requiring support were assisted to eat and drink in a sensitive and appropriate manner. Residents dined together in the dining room where the tables were seen to be suitably set up with nice cutlery and tableware. The inspector observed that mealtimes were seen to be unhurried social occasions. Residents were seen to engage, communicate and interact with each other and staff. Residents spoke about their meals with the inspector and stated that these were served at times which suited them. Residents also expressed that the food was very good and that choice was available at each meal.

The chef had received appropriate training and communicated with the person in charge on a daily basis. Changes to dietary requirements made by the dietician and the speech and language therapist were discussed. The chef maintained a file of these instructions which was reviewed by the inspector. The majority of residents were enabled to maintain independence when eating their meals and assistive devices were used where necessary. Staff provided discreet support, when necessary and family members were seen to join residents, for lunch.

**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:**

The management team stated that they were committed to consulting with residents, to ensure that they had a sense of autonomy and involvement. There was a policy on providing information to residents and a guide on the services available in the centre. Residents' meetings were held three monthly and minutes of these meetings were documented and reviewed by the inspector. Family meetings were also organised. The next family forum meeting was scheduled for 26 April 2017, which the person in charge stated would enable her to discuss the inspection findings, with relatives. Advocacy services were accessible and relevant contact details were displayed throughout the centre. Surveys and questionnaires, reviewed by the inspector, were consistently positive. Where areas for improvement were identified, the management team were responsive.

A policy on communication needs was in place. Staff spoken with, understood and demonstrated appropriate communication techniques, where residents had a cognitive impairment. The centre was well integrated in the community with local entertainers and students, attending regularly. Relatives were encouraged to attend birthday parties and family gatherings. A sample of care plans reviewed were person-centred and contained relevant information, in relation to, the life experience of residents. All members of staff demonstrated a good knowledge and understanding of residents' backgrounds and personal interests. Appropriate arrangements were in place to support residents to vote or to go out to visit friends.

The inspector observed residents engaging in a newspaper reading session, an art class, a sing along, a reminiscence session, watching appropriate TV programmes and to enjoy playing 'bingo' during the inspection. Residents were seen to enjoy a level of independence appropriate to their assessed abilities and the person in charge said that they could exercise choice around whether or not to participate in the activities on offer. A large group of residents were present at each activity and the weekly programme was available to all. There was no restriction on visiting times. The Sisters supported the team of activity personnel in providing a variety of interesting daily activities as well as social and emotional support.

**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***



<b><i>clothes to residents.</i></b>
<p><b>Theme:</b> Person-centred care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The centre had a policy on residents' personal property and possessions. Sufficient storage space with a lockable facility was provided for residents' personal possessions.</p> <p>Arrangements were in place for the regular laundering of linen and clothing and the safe return of residents' clothing, when required. Residents spoke in a positive manner with regard to how well their clothes were laundered and returned to them.</p> <p>The method of recording and co-signing of residents' financial records was transparent and was in accordance with the centre's policy.</p>
<p><b>Judgment:</b> Compliant</p>

<b><i>Outcome 18: Suitable Staffing</i></b> <b><i>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.</i></b>
<p><b>Theme:</b> Workforce</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> According to the person in charge and staff there was an appropriate number and skill mix of staff available, to meet the holistic needs of residents. The person in charge informed the inspector that staff were supervised according to their roles. Appraisals were conducted annually. An actual and planned roster was maintained in the centre. Staff records indicated that there were consistent care staff in the centre some of whom had been working there for over 20 years. There were a number of Sisters working in the centre from the order of the Sisters of Charity of the Incarnate Word, who provided</p>

social, palliative and psychological support to residents. Staff stated that these members of the team acted on a voluntary basis and supported and guided staff in maintaining a person-centred ethos of the centre.

A number of CNMs facilitated the auditing and management process in the centre and they informed the inspector that they were also involved in delivering staff training. Training records confirmed that the majority of staff had completed mandatory training, in areas such as, safeguarding and safety, knowledge of BPSD, manual handling and fire safety. The recruitment policy, seen on inspection, was implemented in practice, according to a number of staff interviewed by the inspector. The inspector reviewed a sample of staff files. These were found to contain the documents required under Schedule 2 of the regulations and were well maintained.

**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:***

Mary O'Mahony  
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 report<sup>1</sup>

<b>Centre name:</b>	Carrigoran House
<b>Centre ID:</b>	OSV-0000445
<b>Date of inspection:</b>	10 and 11 April 2017
<b>Date of response:</b>	31 May 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 10: Notification of Incidents

#### Theme:

Safe care and support

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

One incident had not been notified to HIQA within three days.

#### **1. Action Required:**

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

<sup>1</sup> 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:**

Incident was reported retrospectively on April 10th

Thorough assessment of any complaint/concern to ascertain if it falls within the categories of notifiable incidents has been emphasised to all nurse managers

Proposed Timescale: Completed

**Proposed Timescale:** 31/05/2017