



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Grange Con Nursing Home
Name of provider:	Grange Con Quarters Limited
Address of centre:	Carrigrohane, Cork
Type of inspection:	Unannounced
Date of inspection:	22 October 2018
Centre ID:	OSV-0000233
Fieldwork ID:	MON-0022208

About the designated centre

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

Grange Con Nursing Home is a family run designated centre which is located in a rural setting situated a few kilometres from the urban setting of Ballincollig, Co. Cork. It is registered to accommodate a maximum of 24 residents. Residents' accommodation is on the ground floor and administration and managers' offices are located on the first floor. Bedroom accommodation comprises single, twin and multi-occupancy rooms, some with hand-wash basins and others with en-suite facilities of shower, toilet and hand-wash basin. Additional shower, bath and toilet facilities are available throughout the centre. Communal areas comprise two day rooms, a dining room with conservatory and seating areas at the entrances. Residents have access to a paved enclosed courtyard with garden furniture. Grange Con Nursing Home provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, convalescence care, and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
22 October 2018	09:00hrs to 18:15hrs	Breeda Desmond	Lead

Views of people who use the service

The inspector spoke with several residents throughout the inspection. Feedback was positive and people were happy with the care and attention they received, meals and choice. They reported that had access to the physiotherapist and exercise programme as well as good medical cover. They said staff were helpful and kind. There was building in progress and several residents discussed the new extension and the daily hive of activity that was going on and they enjoyed observing this.

Capacity and capability

This was a good service with effective governance arrangements to promote positive outcomes for residents. Care was provided in accordance with the statement of purpose. There was a clearly defined management structure with identified lines of accountability and responsibility for the service. There was a commitment to provide quality care that was person centred. This was a family run service and the general manager was recently appointed to complement the governance and management structure. He was full time in post and also provided an on-call service to support the running of the centre.

Documents specified in Schedule 2 of the regulations were in place for staff to ensure the protection of residents. They were aware of their legal requirements as set out in the regulations regarding recruitment and documentation to be in place, prior to commencement of employment. There was an annual staff training programme with scheduled training including mandatory and other training to ensure staff had up to date information.

At the time of inspection there was a building extension in progress. It was hoped that this would be completed by quarter one 2019. An additional condition of registration was in place regarding completion of this extension by October 2019, so the building works were well within timelines for completion. The general manager discussed the new and existing build and highlighted several issues with the existing building which will be remedied when the new extension is operational. In conjunction with the extension, the general manager advised that some of the existing bedrooms, communal areas and flooring would be upgraded and refurbished.

The person in charge demonstrated thorough knowledge of her role and responsibilities including good oversight of resident care and welfare to continuously improve quality of care and quality of life.

The atmosphere was friendly and relaxed and staff engaged with residents and visitors. Assistance was given discreetly when needed; staff demonstrated good communication strategies with residents with complex communication needs. The inspector observed that staff were familiar with residents preferences and choices and facilitated these in a friendly and respectful manner.

Regulation 14: Persons in charge

The person in charge was full time in post. She had the necessary experience and qualifications as required in the regulations. She demonstrated adequate knowledge regarding her role and responsibility and was articulate regarding governance and management of the service. She demonstrated good knowledge of residents, their care needs and preferences.

Judgment: Compliant

Regulation 15: Staffing

The staff roster showed that the number and skill mix of staff was appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The training schedule demonstrated mandatory training as well as other relevant training staff had completed. The person in charge had good oversight of training needs of staff and developed a training schedule to facilitate mandatory and other training for staff.

The proposed frequency for staff appraisals was on an annual basis. While the person in charge discussed issues on a regular basis with staff, the last formal appraisals were completed in March 2017.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained that reflected the requirements of Regulation 19.

Judgment: Compliant

Regulation 21: Records

The statement of purpose and resident's guide were available as part of the admission pack to residents; these booklets included a web address for residents to access inspection reports if they so wished; nonetheless, inspection reports were not available in the same format as the statement of purpose. This was remedied on inspection whereby inspection reports were printed, and along with the statement of purpose and resident's guide, they were displayed at main reception for ease of access, in compliance with the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The 2017 annual review of the quality and safety of care delivered to residents was reviewed. It outlined the aims of the document to acknowledge the care in 2017 and identify the areas in need of improvement in 2018. However, this report was not comprehensive and many of the areas within the report were blank; in addition it referenced 2015 rather than 2018 for example, when detailing proposed medication management training and other nurse training.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

All residents had contracts of care which identified fees including possible additional fees to be charged. They were signed and dated appropriately. The contract was updated on inspection to include the room occupancy type, in compliance with regulation.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was updated on inspection regarding the following:

- correct date of registration and re-registration date
- condition 8 of registration
- correct whole-time equivalents (WTEs)
- correct nurse WTEs
- additional fees to be charged reflective of medical care holder entitlements
- current national guidance.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications were timely submitted. The incident log was reviewed and notifications submitted correlated with records maintained in the incident log.

Judgment: Compliant

Regulation 32: Notification of absence

Notification of absence was timely submitted to the office of the chief inspector regarding absence of the person in charge. Suitable deputising arrangements were in place with the appropriate responsibility assigned to provide a safe service.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents spoken with relayed that they could raise issues with staff. The complaints log was reviewed and showed that while complaints were documented, in recent times there was very little recorded. Nonetheless, records of residents' meetings demonstrated that issues and concerns were raised at these meetings and were followed up in subsequent meetings to ensure people were happy with actions and changes.

Judgment: Compliant

Regulation 4: Written policies and procedures

While all the policies as listed in Schedule 5 of the regulations were available, they were not comprehensive. Many of policies did not detail the purpose, scope and responsibility; while some had the procedure outlined, they were not centre-specific. Some were out of date and others were not appropriately referenced in accordance with current relevant legislation and national policy.

Judgment: Not compliant

Quality and safety

The inspector observed that the person in charge was known to residents and relatives and the atmosphere in the centre was friendly and relaxed. Care and support given to residents was calm and unhurried. In general, appropriate assistance was given when needed and staff demonstrated good communication strategies for people with complex communication needs. There were a varied activities programme mid mornings and afternoons.

There were assessments and care plans for individual residents. Assessments were timely and reviews of care and the resident's response to treatments and interventions demonstrated reflective practice that promoted independence and autonomy. Discussions with staff reflected a holistic picture of the person to enable better outcomes for them. Residents notes showed that people had timely access to medical care as well as access to allied health professionals, for example, physiotherapy, general practitioners (GPs), the dietician, dentist, chiropody, optical and speech and language services (SALT). Residents records demonstrated appropriate observation and interventions to enable better outcomes for residents, including behavioural support, however, this was not always reflected in practice.

Pre-admission assessments were completed by the person in charge and admission protocol and plans to direct care were developed. Residents were assessed by the physiotherapist and a programme of exercise was developed in accordance with their needs to enable and ensure maximum mobility and flexibility.

The premises was homely and cosy. Nevertheless, issues highlighted on inspection had been identified by the management team, and these formed part of the programme of works detailed by the general manager to be completed in conjunction with the new extension. For example, refurbishment of bedroom accommodation, showers, wardrobes, bedside lockers, flooring in the existing building; expansion of communal space to enhance the facilities, new nurses station;

and additional storage space.

Regulation 10: Communication difficulties

Residents had access to specialist communication equipment to support their communication needs. Internet access was available to enable residents to use their laptops and this was observed during inspection.

Judgment: Compliant

Regulation 11: Visits

Visitors were observed calling to the centre throughout the day and the inspector observed visitors were well received. Visitors had access to the conservatory to visit in private if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Records of residents' personal property were maintained. Residents' bedrooms had space to maintain their clothes and personal possessions. Personal storage space comprised single or double wardrobes and bedside locker with lockable storage; some bedrooms had additional storage of chest of drawers.

Residents had access to on-site laundry facilities. Clothing was labelled for ease of identification. Residents spoken with did not identify any issues with laundry services provided in the centre and the issue of laundry were not raised in residents' meetings.

Judgment: Compliant

Regulation 17: Premises

The premises was homely and comfortable. Several issues were identified during the inspection and while the general manager gave assurances that all these issues would be remedied either as part of the new extension or as part of the extensive programme of refurbishment, these issues remained outstanding at the time of

inspection. For example, upgrading of bedroom accommodation in the existing building, upgrading wardrobes, bedside lockers and flooring; additional communal space to enhance existing facilities, new nurses station with secure storage space; additional storage space.

Judgment: Not compliant

Regulation 18: Food and nutrition

Additional risk assessments were initiated when the nutritional assessment tools showed the resident was at risk of malnutrition. This further enhanced the oversight of the resident's nutritional state. Food and fluid balance charts were maintained when clinically indicated. Residents had access to dietician and speech and language services to enhance their quality of life and several residents had specialist food plans to support them.

Judgment: Compliant

Regulation 20: Information for residents

The resident's guide was available to residents. This was updated on inspection to reflect the requirement set out in regulation 20.

Judgment: Compliant

Regulation 27: Infection control

Both sinks in the secure clinical room were inaccessible at the time of inspection due to inappropriate storage of equipment, dressing and catheter bags.

While most wound dressing were appropriately maintained in the secure clinical room, there was a box of dressings and scissors on the communal shelf area outside the nurses station where anyone could access it.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents had evidence-based risk assessments to guide care and documentation showed that residents were consulted regarding their care. The sample of care plans and assessments reviewed demonstrated that they were timely updated and person centred.

The daily hand-over sheet had been further developed and this contained a comprehensive snap-shot of residents' needs and supports, and a window to record the current status of the resident.

Judgment: Compliant

Regulation 6: Health care

While there was nursing records maintained in addition to the daily activities tick sheet, a nursing record of the person's health and condition and treatment given, completed on a daily basis in accordance with Schedule 3, was not in place.

While controlled drugs were checked, the sequence of recording of checks maintained were not in keeping with professional guidelines.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Behavioural support plans in place demonstrated effective strategies to support residents. Observations on inspection showed that, in general, staff had good insight into responding to and managing communication needs. However, earlier awareness by staff of residents' manner and behaviour could mitigate the necessity to respond to and manage behaviours.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' meetings were held on a two-monthly basis and minutes from these meetings were displayed on notice boards. The inspector observed that residents' independence was promoted and encouraged. Arranged were in place to facilitate the upcoming election and some people will go to their local polling station, while others will avail of the polling booth in the centre. Leaflets regarding the upcoming election were available in the centre. There was a variety of activities available to

residents to part-take and their choice to decline participation was respected

Daily newspapers as well as local magazines and news letters were available to residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Grange Con Nursing Home OSV-0000233

Inspection ID: MON-0022208

Date of inspection: 22/10/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Regulation 16(1)(b) The 2018 staff appraisals are scheduled and will be finished by the end of December. Action Required: Ensure that all the staff appraisals are done yearly, and try to keep to a specific month. Action Planning: Staff appraisals are planned to be done in the month of November every year. Proposed time scale: 30/12/2018</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Regulation 23 (d) Action Required: Ensure that 2017 annual review is more comprehensive without any vacant spaces. Ensure references to the year in question are correct in the document. Action Planning: 2017 Annual review is reviewed with comprehensive data and references, and to follow the same format in the future reviews Proposed time scale: 20/11/2018</p>	

Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Regulation 4 (3) Schedule 5 Action Required: Ensure that policies are comprehensive and always detail purpose, scope and responsibility. All policies are to be centre specific and referenced in accordance with current legislation and national policy. Planned Action: Outsourcing of new policy and procedure documents has taken place from a consultancy company. Updated policies and procedures will be made centre specific with up to date references relating to specific policies. Proposed time scale 24/02/2019</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Regulation 17 (2) Action Required: Extension to current building along with upgrading of some bedroom accommodation in the existing building. Planned Action: Upon inspection construction to enhance the facility had begun ahead of schedule. A plan has been drafted to upgrade bedroom accommodation in the existing building, including upgrading some wardrobes, bedside lockers and flooring. Additional communal space is currently under construction, which includes an extended day room, new lobby, and outside courtyard. A new nurses station has been incorporated into the new extension and shall have additional storage space. Proposed time scale: Extension scheduled to be completed 20/02/2019. Enhancements to existing bedrooms and courtyard area completed by 30/04/2019.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Action Required: Ensure that the clinical room is organised and well kept at all times. Particularly to keep the area around the handwash sinks clear and tidy for hand washing purposes. Storage of dressings needs to be kept in the clinical area and not near the nurses station or other communal areas.</p>	

Action Planned: (1) To ensure all nurses follow the infection control practices specifically in the clinical room, a nurses meeting was held and communicated the same topic. A daily allocation and cleaning checklist for every shift was introduced.
 (2) All dressing materials and other equipment are no longer allowed to be stored in the communal area near the nurses station which has been reassigned to be always stored in the clinical room.
 Proposed time scale: 11/11/2018

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 Regulation 6 (1) schedule 3 (4)
 Action Required: (1) Ensure that nursing records are updated on a daily basis with residents health, conditions and treatment along with the daily tick sheet. (2) Ensure that the controlled drugs are checked by two nurses during administration and shift changes on a daily basis.
 Action Planned: Staff meeting with nurses was conducted and communicated through email
 (1) To ensure every nurse who is in charge on shift will document the relevant resident details, medication management and their care needs.
 (2) All nurses are advised to do a mandatory check on controlled drugs during administration, dispensing and during shift changes. DDA's should be checked by two nurses, with proper documentation of the same.
 Proposed time scale: 11/11/2018

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 Regulation 7 (1)
 Action required: Ensure that staff have up to date knowledge and skills appropriate to their role to respond and manage challenging behaviour.
 Action Planned: All staff training is up to date and conducted by verified trainers, specifically Safeguarding of Older Adults and Responsive Behavior training is conducted in house for large staff groups. For small groups or individual staff training is arranged in the recognized education centre. Refresher courses are also arranged in house or education centre as needed.

Proposed time scale: 07/11/2018

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/12/2018
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/04/2019
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the	Substantially Compliant	Yellow	20/11/2018

	Act and approved by the Minister under section 10 of the Act.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	11/11/2018
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	24/02/2019
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with	Substantially Compliant	Yellow	11/11/2018

	professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	07/11/2018