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Caiseal Geal Teach Altranais, Castlegar, Galway

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Caiseal Geal Teach Altranais
Centre ID:	OSV-0005491
Centre address:	Castlegar, Galway.
Telephone number:	091 757 609
Email address:	
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Caiseal Gael Teoranta
Provider Nominee:	Richard Keane
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	20

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 January 2017 09:00 To: 03 January 2017 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

Caiseal Geal Teach Altranais Nursing Home is a three-storey building with bedroom accommodation for residents on all two floors. On the lower floor the kitchen, kitchen stores, laundry, office equipment store room and staff rest room are located. The ground floor (second level) can accommodate 23 residents in 19 single and two twin bedrooms, all of which are en-suite. Also located on this floor is a day room, dining room, outside secure sun terrace which leads to an enclosed terraced garden, meeting rooms, bathroom, smoking room, nurses' station, visitors' toilet and office space. The first floor (third level) can accommodate 19 residents. There are 15 single bedrooms, a dayroom, dining room, a bathroom and visitors toilet. The centre is located in Castlegar, four kilometres from Galway city.

The centre is currently registered to accommodate 42 residents. This monitoring inspection was the second inspection of the centre by the Health Information and Quality Authority (HIQA). The first inspection was to assess whether the centre was

fit for purpose and fitness of the proposed provider prior to granting registration. During the course of this inspection, which was carried out over one day, the inspector met with a number of residents, a relative and staff members. The inspector observed practices and reviewed records such as care files, staff personnel files, accidents and incidents records, the complaints log and policies and procedures. The inspector found that residents received nursing and medical care to a good standard. Residents were regularly assessed and care plans were developed based on the assessments. Residents had access to the services of a GP and allied health/specialist services. Staff members were seen to interact with residents in a courteous manner and were knowledgeable of residents' individual needs.

Action plans identified on the registration inspection report (from August 2016) with regard to non availability of centre specific policies such as risk management, emergency plan and the complaints policy had been partially addressed. Other actions that had been addressed included the completion of an environmental audit, training on safeguarding vulnerable adults, displaying the complaints procedure and collection of data in preparation for completion of the annual review of the quality and safety of care delivered to residents. Five of the six actions had been completed and one partially completed.

Improvements were required with regard to recording of fire drills, review of policies and procedures to ensure they are centre specific and are in compliance with current legislation and review of the management of resident's finances to ensure this complies with best practice. The action plan at the end of this report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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):

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

Findings:

There was a suitable and informative statement of purpose that met the requirements of the Regulations. It outlined the aims, mission and ethos of the service and clearly described the service 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):

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

Findings:

The management team described a clearly defined management structure that identified the lines of authority and accountability. The provider nominee attended the centre on the day of inspection. He described an orderly plan for the commencement of the centre and reported that this had been successful. Fitness of the provider, person in charge and the clinical nurse manager (person participating in the management of the centre) was determined by interview prior to the granting of registration. Monthly management meetings were being held between the provider, person in charge and clinical nurse manager. Minutes were available of these meetings and issues discussed included

audits, action plans, notifications, communication to and from the centre. Clinical issues, health and safety and recruitment were also discussed.

Systems were in place to review and monitor the quality and safety of care and the quality of life of residents. The person in charge completes a weekly clinical audit which looks at pain management, presence of pressure sores, restraint measures in place catheter use and use of antibiotic. Plans were in place to collect data that would enable the provider to complete an annual review of the quality and safety of care delivered to residents upon the centre being operational for the required. The provider and person in charge were aware of the requirement to complete this.

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 post of person in charge is full-time and was filled by a registered nurse with the required experience in the area of nursing older persons. She demonstrated good clinical knowledge and was knowledgeable regarding the Regulations, Standards and her statutory responsibilities. She had maintained her continuous professional development and had recently attended a course on safeguarding vulnerable adults at risk of abuse. Other training attended included end of life care, movement disorders and falls management.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge. The person in charge is supported in her role by a clinical nurse manager.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector saw that all policies listed in schedule 5 were available for review, however some were still not centre specific. Current insurance was in place. Five staff files were reviewed. Documents outlined in schedule 2 were available in four staff files reviewed. However, in one file reviewed a full employment history together with a satisfactory history of any gaps in employment was not available.

Judgment:

Substantially 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:

A restraint-free environment was promoted. Where bedrails were in use a risk assessment was completed prior to their use. There was evidence available that alternative measures to the use of a restraint measure were trialled, such as crash mats and low-low beds. At the time of this inspection there was no residents' residing in the centre that had been identified with responsive behaviours. Most staff had undertaken training in management of responsive behaviour.

There was a policy on the prevention, detection and response to abuse of vulnerable adults. The person in charge confirmed that there had been no allegations of abuse at the centre. The person in charge is a trainer in adult protection. Staff spoken with stated they had completed training in safeguarding vulnerable adults at risk of abuse and voiced the view that the welfare of residents would be their priority. There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Residents confirmed

that they felt safe in the centre and contributed this to the continual presence of staff and other residents and the doors being secure at night.

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):

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

Findings:

Procedures were in place to protect the safety of residents, staff and visitors to the centre. At the time of the last inspection, inspectors found that an environmental risk assessment was required. This had been completed and any recommendations enacted.

There was a health and safety statement, a risk register and a risk management policy in place but these had not been reviewed and were not centre specific. Additionally, the risk management policy failed to identify the precautions in place to control the specified risks as required by the Regulations such as control of aggression and violence and accidental injury, the control measures in place for the management of self harm and the arrangements for identification, recording, investigation and learning from serious incidents. A separate policy was in place for the unexplained absence of a resident. There was a centre specific emergency plan which included information on for example procedures to adapt in the event of flood, loss of power and other possible emergencies. The emergency plan included a contingency plan for the evacuation of residents from the building.

Staff had received training in fire safety and evacuation and this was confirmed by staff and in training records. Staff spoken with by the inspector were clear on fire safety practices and knew what to do in the event of a fire. Fire evacuation notices were not displayed throughout the building, provided instructions on evacuating the building in the event of an emergency. At the time of inspection, all fire exit doors were free from obstruction. A procedure was in place for daily inspections of emergency exits.

The inspector viewed up to date fire records which showed that equipment, including fire extinguishers, fire alarms and emergency lighting, had been serviced prior to the opening the centre in November 2016. Certificates that all furniture and fittings were fire retardant were available. Fire drills were being completed regularly, however records did not provide a comprehensive record as to whether a full or partial evacuation had been completed, what time it took to evacuate and whether there were any impediments to safe evacuation identified. No fire drill had been completed simulating a night duty

scenario when the least amount of staff is on duty.

All staff had undertaken training in safe moving and handling and this was confirmed by training records. Manual handling assessments had been carried out for all residents.

Measures were in place to reduce accidents and promote residents' mobility including staff supervision, tactile mats, wide corridors, clutter free environment, safe floor covering and handrails on both sides of corridors.

Staff had received training in hand hygiene. The clean was clean with hand washing and drying facilities available throughout the centre. Hand sanitisers were in place throughout the centre.

Judgment:

Substantially 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:

There was a medication management policy to guide staff. The inspector observed the administration of part of a medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. Medication was supplied in individual pre-packed blister-packs which were prepared and delivered by the pharmacist. A copy of each resident's prescription was attached to each administration sheet and nurses administered medication from this. Photographs of residents were available to aid identity of residents.

Medication administration charts were clear and legible. Maximum does of PRN (as required medication) was recorded. Medications requiring strict controls were appropriately stored. Records indicated that they were counted and signed by two nurses at the change of each shift. Secure refrigerated storage was provided for medication that required specific temperature control and the temperature of the fridge was monitored daily.

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):

No actions were required from the previous inspection.

Findings:

On admission, a comprehensive nursing assessment and additional risk assessments were carried out for all residents. For example, residents' observations to include temperature, pulse, respirations, weight and urinalysis was completed on admission. A nutritional assessment tool was used to identify risk of nutritional deficit and an eating and drinking assessment is completed. A diet and information sheet was available and this detailed the resident's likes and dislikes, for example, 'likes porridge in the morning and tea with one spoon of sugar'. Assessments were linked to the care plans. Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspectors.

Where a resident was seen by a specialist service the advice of the specialist was incorporated into the care plan. There was evidence of consultation with the resident and their significant other where appropriate. A narrative record was recorded for residents each day. These records described the range of care provided on a daily basis to ensure residents well-being.

There was one resident with a pressure wound at the time of inspection. This resident had been admitted the previous day to the inspection. The inspector discussed the care regime for wound care with the clinical nurse manager. She described that where residents were deemed to be at risk of developing wounds preventative measures were identified including skin care regimes. Supportive equipment such as specialist cushions, mattresses and dietary supplements also formed part of the care package. Residents had good access to general practitioner (GP) services and out-of-hours cover was also available. Access to allied health professionals to include speech and language therapist, dietetic service, physiotherapy was available.

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The location, design and layout of the centre are suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises takes account of the residents' needs and is in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. All residents spoken with by the inspector were complimentary of the premises.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 13: Complaints procedures</i> <i>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.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: There was a complaints policy in place. The complaints procedure was displayed in the reception area. This was an action from the last inspection.</p> <p>The inspector viewed the complaints register and found that there had been one complaint since opening. This was in the process of being investigated</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 17: Residents' clothing and personal property and possessions</i> <i>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.</i></p>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p>

Findings:

The inspector was informed that the centre acted as a pension agent for six residents. This has been a long term on-going arrangement as the residents do not have personal bank accounts or their family members have requested this arrangement as they reside outside the country. There were records in place regarding this procedure but some of the personnel who were documented as agent, were no longer involved in the provider company. Centre fees were deducted from these accounts and where the residents had excess assets, this was maintained in the company account for five residents. One resident had an arrangement for any excess assets to be paid into their own account on a monthly basis. These procedures do not comply with best practices in financial management and require review. The provider representative stated that this would be reviewed as a matter of priority and they would positively encourage any further residents to manage their own finances with the assistance of a person of their choosing.

Residents were encouraged to manage their own petty cash and the centre kept small amounts of petty cash in safe keeping for residents. Transparent accounts were in place and all monies received and spent were recorded.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

There were 22 residents residing in the centre on the day of inspection. Six of who were assessed as having maximum dependency needs, five who had high dependency needs, seven who had medium dependency needs and four who were assessed as low dependency. The inspector reviewed duties rotas over a three week period and found they demonstrated that there were sufficient numbers of staff to meet the needs of residents. Staff were available to assist residents and residents were supervised at all times. A registered nurse was on duty at all times. Staff spoken with by inspector were knowledgeable of residents needs and were seen to converse well with residents. There was one nurse and three health care assistants rostered in the am, one nurse and two

healthcare assistants in the evening and one healthcare assistant and a nurse on night duty. In addition the clinical nurse manager or the person in charge was on duty during the day. In addition an activity therapist worked from 10:00hrs until 16:00hrs. A physiotherapist attended the centre for 3 hours each week. Residents and staff spoken with expressed no concerns with regard to staffing levels. Residents were supervised at all times in the sitting room.

Two staff were trained as SONAS (a therapeutic activity for residents who are cognitively impaired). practitioners. Staff spoken with informed the inspector that they had attended mandatory training in manual handling and safeguarding vulnerable adults at risk of abuse. All staff had also attended fire safety training. A record was maintained of An Bord Altranais professional identification numbers (PIN) for all registered nurses. No volunteers were attending the centre at the time of inspection. A planned training schedule was in place. This included training on care planning, diabetes, epilepsy, falls management, movement disorders and tissue viability. In addition to mandatory training staff had completed training in hand hygiene and dementia care.

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 McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Caiseal Geal Teach Altranais
Centre ID:	OSV-0005491
Date of inspection:	03/01/2017
Date of response:	10/02/2017

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 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:

In one staff file reviewed, a full employment history together with a satisfactory history of any gaps in employment was not available.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

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

Although C.V.s were on file for all staff, all personnel have now been instructed to provide a full life's employment history since they commenced work following school, college etc. and that their employment history should show no gaps of time.

Proposed Timescale: 31/03/2017

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:

The risk management policy was not centre specific and failed to identify the precautions in place to control the specified risks as required by the Regulations such as control of aggression and violence and accidental injury, the control measures in place for the management of self harm and the arrangements for identification, recording, investigation and learning from serious incidents.

2. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

Risk Management is being reviewed and will be updated to make it centre-specific and to include a risk policy which reflects managing: Control of Aggression, Violence, Accidental Injury, Self-harm. This review has already been commenced.

Proposed Timescale: 31/03/2017

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

Where the residents had excess assets, this was maintained in the company account for five residents.

3. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

Directors have changed the practice regarding banking residents' excess monies in the company account. A separate policy statement is being put in place to deal with this. A dedicated residents' account is being discussed with banking personnel and it should be opened and operational in two weeks approx from today 09/02/2017.

Proposed Timescale: 28/02/2017