Clarenbridge Nursing Home, Ballygarriff, Craughwell, Galway.

Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Clarenbridge Nursing Home
Centre ID:	OSV-0000764
Centre address:	Ballygarriff, Craughwell, Galway.
Telephone number:	091 77 7700
Email address:	info@clarenbridgenursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Village Nursing Home Limited
Provider Nominee:	Patrick Kennedy
Lead inspector:	Lorraine Egan
Support inspector(s):	Conor Dennehy;
Type of inspection	Unannounced
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	10

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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:	To:
08 September 2015 09:40	08 September 2015 19:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Non Compliant - Moderate
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Major
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

As part of the inspection, inspectors met with residents, staff, two clinical nurse managers and the person in charge. Inspectors observed practices and reviewed documentation such as policies, care plans, medical records, audits, training records and staff files.

Throughout the inspection, the person in charge demonstrated competency in relation to her role, knowledge of her requirements under the Regulations and a commitment to providing a good quality service to residents.

Residents spoken with expressed satisfaction with the centre, staff, food and the service provided.

While there was evidence of good practice in all areas some improvement was required. 5 of the 14 outcomes inspected were found to be in compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (hereafter called the Regulations) with 4 outcomes in substantial compliance, 4 outcomes judged as moderate non compliant and 1 outcome judged as major non compliant.

Areas identified as requiring improvement were

- Statement of Purpose
- Annual review of the quality and safety of care
- Risk management policy
- Behaviour support plans
- The use of items to hold fire doors open
- Medication management
- Care plans
- Complaints
- Provision of updated mandatory training for staff

The findings are outlined in the report and the actions required and the provider's response are included in the action plan at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
The Statement of Purpose did not contain all information required by the Regulations. It did not provide specific detail of the care needs the centre is intended to meet, the criteria used for admission to the centre and the age-range and sex of the residents for whom accommodation is to be provided for.

Judgment:
Non Compliant - Moderate

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
There was a clearly defined management structure that identified who was in charge, who was accountable and what the reporting structure was. The Director of Nursing was the person in charge of the centre and she reported to the provider nominee. A clinical nurse manager 2 (CNM 2) reported to the person in charge and deputised in the

absence of the person in charge.

A clinical nurse manager 1 (CNM1) had been recruited and a second CNM1 was in the process of being recruited to work opposite the current CNM1. The person in charge outlined the way this would strengthen the governance structure in the centre and ensure consistent operational oversight of the centre.

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. This included a system of auditing the service which the person in charge had introduced since her commencement in the role in November 2014. She outlined how auditing was being expanded to ensure residents' needs were being met in all areas. For example, auditing on response to call bells was taking place at the time of inspection.

An annual review of the quality and safety of care in the centre had not taken place as required by the Regulations. The person in charge outlined her intention to use the information from the audits to compile an annual review.

Judgment:
Non Compliant - Moderate

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:
Not all aspects of this outcome were reviewed at this inspection.

An inspector viewed a copy of the guide for residents' and found it met the requirements of the Regulations. It included a summary of the services & facilities available, the terms and conditions of residency, the procedure respecting complaints and the arrangements for visits.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of

the service.

Theme:
Governance, Leadership and Management

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

Findings:
There was a full-time nurse in charge of the designated centre. She was suitably qualified and had a minimum of three years experience in the area of nursing of the older person within the previous six years.

An inspector carried out an interview with the person in charge and she was knowledgeable of the legislation and her statutory responsibilities.

She was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

She was observed speaking with residents and it was evident residents knew her.

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:
Not all aspects of this outcome were reviewed at this inspection.

The risk management policy did not contain all items required under Regulation 26. It did not contain the measures and actions in place to control the risk of abuse, the unexplained absence of any resident, accidental injury to residents, visitors or staff,

aggression and violence, and self-harm.

Judgment:
Substantially Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge had not been absent from the centre for a period which would require notifying the Authority.

The Clinical Nurse Manager 2 (CNM 2) post was identified as the person who would undertake the person in charge role if the person in charge was absent from the centre for an extended period of time. An inspector interviewed the CNM 2 and found she was knowledgeable of her role, the residents and the role of person in charge should she be required to undertake the role.

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):
No actions were required from the previous inspection.

Findings:
The centre had implemented measures to protect residents from being harmed or suffering abuse. The inspector was told there had been no allegations of abuse in the

centre and this was verified in that no notifications had been received.

Staff had received training in the prevention, detection and response to abuse, however improvement was required to the provision of updated training. This is discussed further under Outcome 18: Suitable Staffing.

There was a policy and procedures in place for responding to allegations of abuse and staff spoken with were knowledgeable of the types of abuse and of what to do if they witnessed abuse or received an allegation of abuse.

The person in charge and the clinical nurse manager were knowledgeable of the steps to be taken to ensure residents were protected. Residents spoken with said they felt safe and said they would speak with the person in charge or a staff member if they had any concerns.

There were systems in place to safeguard residents' money and valuables.

There was a procedure for the use of restraint. Risk assessments on the use of restraints such as bedrails and lap belts had been carried out and included the reason for the restraint, the alternatives trialled, the reason alternatives were not suitable and the consent of the resident in regard to the use of the restraint. The person in charge outlined ways in which the centre was trying to reduce the use of restraints in the centre.

There was a policy in place for responding to behaviour that is challenging. Although behaviour support plans were in place they were not adequately detailed to ensure staff knew how to respond and to ensure the response was appropriate and consistent. For example, a behaviour support plan stated staff must 'know what triggers poor behaviour and keep' the resident 'away from these triggers'. However, there was no outline of these triggers and it was therefore not evident that staff had sufficient information to respond to residents in regard to their behaviours that challenge.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:

The centre had policies and procedures in place in relation to health and safety and it was evident residents' health and safety was promoted in the centre. Improvement was required to the risk management policy, the use of items to keep fire doors open and the provision of updated training for staff in manual handling and fire safety.

An inspector viewed a copy of the centre's risk management policy. Although the centre had measures in place to respond to the risks of abuse, the unexplained absence of any resident, accidental injury to residents, visitors or staff, aggression and violence, and self-harm these were not included in the policy as required by the Regulations. This action is included in the action plan under Outcome 5: Documentation to be kept at a designated centre.

Risk assessments had taken place. These included environmental risks and risks relating to fire safety. Clinical risk assessments had been carried out by nursing staff and informed the plan of care for residents.

Although all staff had received training in moving and handling, and an inspector observed good moving and handling practices in the centre, some staff required updated training in line with the centre's policy. This is discussed further under Outcome 18: Suitable Staffing.

Fire exits were unobstructed and corridors were clear of any items which could impede evacuation in the event of an emergency. However, an inspector noted fire doors which were held open by items such as wedges.

The laundry room door which was connected to the fire alarm was prevented from closing as there was a large bottle of detergent placed against the door. This was brought to the immediate attention of the clinical nurse manager who removed the item.

Suitable fire equipment was provided throughout the centre. There was documentary evidence fire equipment was serviced on an annual basis and the fire alarm was serviced on a quarterly basis. Staff spoken with were knowledgeable of the response to be taken if the fire alarm was activated or if the centre required evacuation.

Although staff had received training in using the fire prevention equipment and in evacuating the building in the event of a fire, some staff had not received updated training in line with the centre's policies. This is discussed further under Outcome 18: Suitable Staffing.

An emergency plan was in place which outlined the response which would be taken in the event of an emergency such as fire or loss of water. Transport facilities and alternative accommodation were available if the centre required evacuation.

Judgment:
Non Compliant - Moderate

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

for medication management.

Theme:
Safe care and support

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

Findings:
There was a policy and procedures for prescribing, administering, recording, storing and disposing of medication. Improved oversight was required to the management of medication in the centre and there was no system for reviewing and monitoring safe medication management practices. An inspector identified a number of areas of concern which had not been identified prior to the inspection. These were brought to the attention of the person in charge and the clinical nurse manager 2.

The procedures for storing medication which required specific control measures were viewed. The medication was stored securely and it was documented as counted by two nurses at the change of each shift. An inspector counted a sample of these medications and found they were consistent with the records maintained.

A sample of residents' medication was viewed. Medications were stored in the centre's clinical room and the nurse on duty held the keys. There were two medication trolleys used by nurses to administer medications in the centre. Both trolleys were locked and stored in the clinical room when not in use.

Some residents' medication prescription sheets were viewed. Improvement was required to the prescription sheets as they did not contain the route of medication and the time the medication was prescribed to be administered.

Not all medications were signed as administered on residents' medication administration sheets. There was no documented reason for this. The nurse spoken with stated that some of these medications had been administered as they were no longer evident in the pre-packed pharmacy aid. However, some of these medications were not in pre-packed aids and it was therefore not evident that these medications had been administered as prescribed.

It was not clear if some medications in use were being used passed the use by day. The measures in place to ensure medications which needed to be discarded after being open for a specific period of time were discarded were not being adhered to.

Improvement was required to the disposal of medication when a resident was no longer living in the centre. Medications which were prescribed for a resident who was deceased at the time of inspection were being stored in the centre's medication press. The medication was not segregated from other medicinal products and had not been identified as requiring disposal.

A nutritional supplement was being administered to a number of residents from a shared bottle. Although the staff nurse acknowledged that this was not good practice this had not been identified prior to the inspection.

The fridge for storing medication which needed refrigeration was viewed. Medications requiring temperature control were stored in the fridge. The temperature of the fridge was recorded on a daily basis, however there was a four day period in August 2015 when the temperature had not been recorded and there was no documented reason for this.

A resident's swab sample which was waiting to be transferred to the hospital laboratory for testing was being stored in the fridge used for storing medication. The nurse spoken with said samples were stored for a short period while awaiting collection. This required review as this practice was not in compliance with best practice guidelines.

Judgment:
Non Compliant - Major

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

Theme:
Effective care and support

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

Findings:
Residents were supported to access allied health professionals as required and had a choice of remaining with their current GP or the centre would support residents to choose a GP. Residents were supported to access to a range of allied health professionals such as speech and language therapy, chiropody and occupational therapy.

A range of assessments had been carried out which informed care plans. Areas such as residents' risk of developing pressure ulcers, risk of falling, moving and handling assessments and personal care assessments had been carried out.

Although care plans had been put in place for identified needs, some improvement was required as not all care plans were reflective of the resident's current needs. The inspector viewed a care plan for a resident who had epilepsy. The care plan outlined the use of a specific medication in the event the resident had a seizure. A staff nurse told

the inspector this medication was no longer prescribed for the resident and the person in charge and clinical nurse manager 2 confirmed this. It was therefore not evident that staff had adequate guidance to support this resident in the event of a seizure.

The centre had employed activities coordinators to deliver activities to residents Monday to Friday. Care assistants provided activities at the weekends. The activities coordinators were implementing activities based on residents' identified needs and preferences. Residents spoken with said they liked the activities.

Judgment:
Non Compliant - Moderate

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:
Not all aspects of this outcome were reviewed at this inspection.

The centre was clean, suitably decorated and homely. Residents had single bedrooms or shared with one other person. Resident bedrooms were decorated and personalised by the resident. Shared rooms had appropriate screening and all rooms had call bell facilities.

On the ground floor the centre had a day room, dining room and smoking room for use by residents. There was a 'juice bar' which was used for group meetings or activities, such as the reading group which met there on the day of inspection. A relaxation room for residents was in the process of being painted on the day of inspection.

There was a large space on the first floor with a projector screen and a kitchen suitable for wheelchair users. The kitchen was used for baking and developing independent living skills for some residents. The projector was used by residents for watching movies and sports. The first floor was accessed by a shaft lift.

Appropriate storage was available for equipment and residents had storage space for their personal possessions which included a lockable press.

An inspector viewed the servicing records and saw that equipment in use such as wheelchairs and hoists had been serviced.

There were sufficient toilets and bathrooms for residents' use. The temperature of the water was controlled to mitigate the risk of scalding.

At the time of inspection work was ongoing to the exterior of the premises to improve facilities for residents. This included the paving in the courtyard which was being levelled to ensure residents could access it safely and pathways which were being developed in the garden to make the garden more accessible to residents. There was a polytunnel in the garden which was wheelchair accessible and residents used this to grow flowers and vegetables.

Judgment:
Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
There were procedures in place for the management of complaints. Improvement was required to the documentation to ensure it was evident that all complaints were responded to appropriately and in line with the requirements of the Regulations.

The person in charge was identified as the complaints officer and there was an independent person to whom complainants could appeal the outcome of a complaint if they were not satisfied.

The complaints procedure was on display in the reception area of the centre and complaints were discussed at resident and family forums. Complaints were audited at quarterly intervals to identify any trends.

An inspector viewed the log of complaints received in the centre and noted that complaints received were responded to promptly. However, for one complaint it was noted that the person in charge had signed off on a complaint before the staff member involved in the complaint had been spoken with. The record of the discussion with this staff member was not maintained in the complaints log and it was therefore not evident that this complaint had been responded to in a meaningful way.

The results of investigations and actions taken in response to complaints received required improvement as these were not always documented. In addition, the documentation maintained did not always detail the complainant's satisfaction with the outcome.

Judgment:
Substantially 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' nutritional needs and preferences were catered for in the centre.

On admission to the centre residents' nutritional needs and preferences were recorded and provided to the catering staff. Any alternations to a resident's dietary requirements from a dietician or a speech and language therapist were maintained by nursing staff and communicated to the catering staff. The dietary needs and preferences of residents were known to staff working in the kitchen and displayed on a notice board in the kitchen.

A rolling three week menu was in place. An inspector viewed the menu options available and found that it met the needs and choice of residents. If a resident did not wish to have what was on the menu an alternative of their choosing would be provided. Kitchen staff spoken with stated they speak with residents and their families on a regular basis for feedback on the meals provided.

Lunch was observed on the day of inspection and an inspector found it was an unhurried and pleasant experience. There were sufficient numbers of staff present to assist residents where required. Assistance was provided in a respectful, warm and caring manner. The meal was properly stored, prepared, cooked and served.

Meals were provided at regular intervals and snacks were available for residents outside of these times. Each resident's bedroom was provided with a jug of drinking water and water was readily available in the dining room and adjoining day room.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
An inspector viewed the staff rota and observed staffing levels on the two day of inspection. The person in charge outlined the staffing levels which were based on the utilisation of a tool, residents' assessed needs and the person in charge's professional experience and knowledge. She stated that staffing levels and skill mix were reviewed regularly and adjusted in response to residents' needs.

Training records showed that staff had undertaken training in a variety of areas relevant to their roles including communication, dementia and nutrition. However, improvement was required to the provision of updated training in fire safety, manual handling and the prevention, detection and response to allegations of abuse. An inspector viewed records and the centre's polices and found that updated training in these areas had not been provided for all staff in line with the centre's procedures.

An inspector reviewed a sample of staff files and found that all required documents such as Garda vetting, references from previous employments and proof of identity were maintained. No volunteers were working in the centre at the time of inspection.

Staff spoken with were knowledgeable of residents needs, the centre's policies and procedures and the measures to be taken if they received an allegation of abuse. Staff were observed interacting with and supporting residents in a respectful and warm manner. From interactions observed it was evident there were good relationships between residents and staff.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Lorraine Egan
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[1]

Centre name:	Clarenbridge Nursing Home
Centre ID:	OSV-0000764
Date of inspection:	08/09/2015
Date of response:	02/11/2015

Requirements

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

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

Outcome 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The Statement of Purpose did not contain all information required by the Regulations.

1. Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

[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:
The statement of purpose has been updated to include services provided in Clarenbridge nursing Home under the 'What we offer' section p7-8. The criteria for admission is outlined in P16 & P17 along with the age profile of Residents.

Proposed Timescale: 29/10/2015

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

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

2. Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
Data is collected and compiled on complaints; falls, and incidents, wounds, call bells, restraints etc. and analysed. Findings are used to improve the Quality and safety of care.
The annual review of the quality and safety of care will be completed in January 2016 on the 2015 data. The review will be circulated to Residents, Staff and families and will contain the clinical monitors outlined.

Proposed Timescale: 08/01/2016

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:
The risk management policy required review as it did not contain the measures and actions in place to control the risks specified in Regulation 26.

3. Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(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.

Please state the actions you have taken or are planning to take:
The risk management plan currently in place included all the risks as required by the regulation. The Risk management policy has been updated similarly to include the same risks.

Proposed Timescale: 22/10/2015

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Behaviour support plans were not adequately detailed to ensure staff had up to date knowledge to respond to behaviour that is challenging.

4. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
A behaviour that challenges care plan has been updated to identify the triggers of the behaviours and the appropriate responses for staff to address those behaviours. Staff are informed of these triggers and the updated care plan. Challenging Behaviour refresher training is scheduled for Nov 6th 2015

Proposed Timescale: 06/11/2015

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some doors were being held open with items which would prevent them closing in the event of a fire.

5. Action Required:
Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

Please state the actions you have taken or are planning to take:
Items were removed from the doorway on the day of inspection and all staff informed that the use of wedges contravenes our fire policy. Ongoing monitoring is undertaken by the managers to comply with policy.

Proposed Timescale: 09/09/2015

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was not evident that all medicinal products were administered in accordance with the directions of the prescriber and in accordance with any advice provided by the pharmacist.

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

Please state the actions you have taken or are planning to take:
•The CNM's have been assigned responsibility for reviewing and monitoring safe medication practices in line with regulation.
•A weekly audit of compliance with policy will be completed.
•MARS charts will be checked by the nurse manager to ensure compliance with the legislation and all medications signed for.
•The GPs were informed of the need to state the route and time of the prescribed medication.
•Date of opening will be clearly marked on all containers.
•Single use containers will be labelled.
•Daily fridge temperature checks are done and checked by CNM.
•A specimen fridge was purchased for specimens only.
•Training will be ongoing to ensure all staff nurses have up to date medication management training.

Proposed Timescale: 20/11/2015

Theme:
Safe care and support

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

Medication which was no longer required by a resident had not been segregated from other medicines or disposed of.

7. Action Required:
Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

Please state the actions you have taken or are planning to take:
•All out of date medication are returned to the Pharmacy within 24 hours.
•Medications that are no longer required are returned to pharmacy within 24 hours.
•Discharged residents will bring their medication home with them.
•A Stock take is completed weekly on a Sunday evening.

Proposed Timescale: 02/11/2015

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all care plans were accurately reflective of a resident's current needs.

8. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:
•Three nurses attended a training day on Epilepsy on the 25/09/2015 and are leading staff awareness.
•Care plans are reviewed four monthly and more frequently if there are changes in residents condition.
•Care plans are reviewed to accurately reflect Resident's needs.
•An epilepsy protocol was updated and reviewed by the GP.

Proposed Timescale: 31/10/2015

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some records of complaints did not include the results of investigations and actions taken in response to complaints and the complainant's satisfaction with the outcome. It was not documented that one complaint had been responded to.

9. Action Required:
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
All complaints will include the results of the investigation. The complaints log will confirm the satisfaction of the complainant and where possible their signature.

Proposed Timescale: 21/10/2015

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff had not received updated training in fire safety, manual handling and the prevention, detection and response to allegations of abuse.

10. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
•Two staff currently on maternity leave have not updated fire training and will be scheduled for fire training update on return to work.
•Fire training update will take place on Nov 6th for one member of staff.
•Updated Manual handling is scheduled for staff on November the 12th.
•Elder abuse training update will take place on November 6th 2015
•The training matrix is reviewed frequently and maintained by HR administration to schedule training in advance

Proposed Timescale: 06/11/2015