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College View Nursing Home, Clones Road, Cavan

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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:	College View Nursing Home
Centre ID:	OSV-0000128
Centre address:	Clones Road, Cavan.
Telephone number:	049 437 2929
Email address:	collegeviewnursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	College View Limited
Provider Nominee:	Thérèse McGarvey
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	69
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 June 2017 09:15 To: 19 June 2017 18:30

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	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	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

The centre can accommodate a maximum of 70 residents who need long-term care, or who have respite, convalescent or palliative care needs. All of the action plans from the previous inspection were satisfactorily completed. Notifications of incidents received since the last inspection were reviewed on this visit.

The inspector met with the provider and person in charge who displayed a good knowledge of the regulatory requirements. The management team have an active presence at all levels in the centre.

The person in charge was fully involved in the management of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met. There are systems in place to ensure the service is monitored, safe and provides a consistently high quality of care to all residents. Accurate, clear records were maintained to support effective decision making.

There were sufficient numbers of suitably qualified staff on each work shift to promote residents' independence and ensure person centered care. During conversations with the inspector residents confirmed that they were well looked after, the care was good and they felt safe. Questionnaires completed by relatives and residents confirmed they were satisfied with the service provided.

The premises, fittings and equipment were clean, well maintained and decorated to a high standard. Bedrooms are suitable in size and well equipped to suitably meet residents' needs.

There were handwritten care plans in place for each residents' identified needs. Arrangements were in place so that care plans was kept under formal review. There were opportunities for residents to partake in activities. Activity coordinators were employed to provide opportunities for residents to engage in activities suitable to their capacity and life stage.

There was a good choice of options at each mealtime. Access to a dietician and a speech and language therapist was available to obtain specialist advice to guide care practice and help maximise residents maintain a safe, healthy nutritional status.

A total of 13 outcomes were inspected. Eleven outcomes were judged as compliant with the regulations and the remaining two as substantially in compliance with the regulations.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.

The statement of purpose was kept up to date and revised in September 2016. The provider understood that it was necessary to keep the document under review.

The inspection evidenced the service provided was reflective and as described within the statement of purpose.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider has ensured sufficient resources to ensure the delivery of care in accordance with the statement of purpose. Accountability for the residential service is clearly defined. There are clear lines of responsibility at individual and team level. All staff working in the service are aware of their responsibilities and to whom they report.

There are systems in place to ensure the service is monitored, safe and provides a consistently high quality of care to all residents. Accurate, clear records were maintained to support effective decision making. The inspection evidenced residents have timely referral to healthcare services including specialist services, psycho-geriatric services and timely access to GP's.

Audits were completed to review any accident or incident. Falls were reviewed to identify repeat falls, the location and time to assist in correlating events to allow for trends to be easily identified and ensure learning for all staff.

Nutritional audits were completed. Actions were identified in relation to any unintentional weight loss or gain to ensure individual outcomes for residents.

A register was maintained to identify the individual usage of psychotropic's, anti anxiety and pain relief medicines and night sedatives. Nursing staff and the management team in conversation outlined the need and clarified the therapeutic benefit of administration. This was reviewed by the GP routinely.

The management team have a visible presence at all levels throughout the centre. The provider is involved in the governance, operational management and administration of the centre on a consistent basis.

During the inspection the provider demonstrated knowledge of the legislation and of her statutory responsibilities. Records confirmed that she was committed to her own professional development. She delivers training to staff on end-of-life care and caring for residents with dementia and responsive behaviours.

An annual report on the quality and safety of care was compiled.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience.

The person in charge is a registered nurse and holds a full-time post. She had good knowledge of residents care needs. She could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately. Relatives and residents highlighted the positive interactions and support provided by the entire team in questionnaires submitted to HIQA.

The person in charge has maintained her professional development and attended mandatory training required by the regulations.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge.

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):**Findings:**

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were stored maintained in a secure manner. Samples of records were reviewed by the inspector. These included records relating to fire safety, staff recruitment and residents' care. Records required by the regulations viewed included;

The centre's insurance which covered against accidents or injury to residents, staff and visitors.

The directory of residents included all the information specified in Schedule 3. The details of the most recent transfer of a resident to hospital and death were updated in

the directory.

Incidents falls and accidents.

Correspondence to or from the designated centre relating to each resident.

Staff employed at the centre, including the current registration details of nursing staff, staff training and roster.

Records of visitors to the centre.

The complaints procedure was displayed inside main entrance for visitors to view and provided guidance on how to raise an issue of concern.

The certificate of registration was displayed prominently.

All records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval:

The registered provider confirmed in the application that all the written operational policies as required by schedule 5 of the legislation were available. The inspector verified this on inspection.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

Formalised arrangements to deputise for the person in charge are in place. The provider is notified to HIQA to deputise in the absence of the person in charge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment

is promoted.

Theme:

Safe care and support

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

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

Findings:

There were effective and up to date safeguarding policies and procedures in place. Risks to individuals were managed to ensure that people had their freedom supported and respected. Consent was obtained from residents and their wishes respected. There were sufficient numbers of suitably qualified staff on each work shift to promote residents' independence.

Staff spoken with were able to explain the different types of abuse, signs to look out for and how to report any concerns. Staff identified a senior manager as the person to whom they would report a suspected concern. The inspector viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults. No notifiable adult protection incidents which are a statutory reporting requirement to HIQA have been reported since the last inspection.

During conversations with the inspector residents confirmed that they were well looked after, the care was good and they felt safe. Questionnaires completed by residents confirmed they were happy. While some expressed a wish to be able to live at home they confirmed they were content with the care provided. Residents spoken with stated "the food is great", "something different on the menu each day", "I am well looked after and the staff always come when I call them". Other residents explained there were always events planned for them to enjoy and all staff were kind. Access to the special care unit was secured with a coded key pad.

There is a policy on the management of responsive behaviour. Staff spoken with were familiar with resident's behaviours. A number of residents were discharged from the care of the psychiatry team to their general practitioner (GP). Psychotropic medications were monitored by the prescribing clinician and usage and effectiveness audited by the person in charge regularly to ensure optimum therapeutic values. Nursing staff in conversation outlined the need. There was good access to the psychiatry of later life team. The community mental health nurse from the team visited the centre regularly to review residents

Staff could describe particular residents' daily routines very well to the inspector. Staff had received training in responsive behaviours, which included caring for older people with cognitive impairment or dementia.

There was a policy on restraint management (the use of bedrails and lap belts) in place. In line the national policy a restraint free environment was being promoted by the nurse management team.

Since the last inspection the use of tables attached to chairs which restricted the free movement of residents is risk assessed. This is defined in the centre's policy as a restraint measure, and is not undertaken unless there is evidence it is necessary and in the resident's best interest.

A risk assessment was completed prior to using bedrails. However, the risk assessment tool requires review to take cognisance of a broader range of issues to include risks from responsive behaviour, intermittent confusion and medical conditions.

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):

No actions were required from the previous inspection.

Findings:

There was a centre-specific health and safety statement and an emergency response plan outlining the procedure to follow in events such as a fire, gas leak or infection outbreak.

The centre maintained a risk management policy and in-house risk register. This outlined environmental risk. Clinical risks specific to individual residents were detailed in their care plans, these included risks associated with impaired swallow, responsive behaviour and those with poor safety awareness. The hazards and controls to mitigate risk were described.

The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures. Staff had completed refresher training in fire safety evacuation procedures. However, an inadequate number of drills were completed to ensure all staff had the opportunity to participate in regular drills in between annual refresher fire safety training. The procedures to record fire drills require review. The fire drill records did not record the scenario or type of simulated practice, including the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced in accordance with fire safety standards. Fire safety checks were completed by staff on a weekly and monthly basis to ensure fire safety equipment was operational and functioning.

Each resident had a personal emergency egress plan developed. These outlined the method of evacuation and type of equipment required to assist each resident evacuate the building safely. Exit signage was in place. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed around the building.

There were procedures in place for the prevention and control of infection. Audits of the building were completed at intervals to ensure the centre was visibly clean. There were a sufficient number of cleaning staff rostered each day of the week. There was a colour coded cleaning system to minimise the risk of cross contamination. Hand gels were located at each end of the corridors containing bedrooms.

A small number of residents smoked. A safety care plan for residents who smoked was completed. It detailed if the resident was safe to smoke independently and outlined the level of assistance and supervision required in a plan of care.

Falls and incidents were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. A post incident review was completed to identify any contributing factors.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified and displayed discreetly in their bedrooms.

Hand testing indicated the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Access to work service areas to include the kitchen, clinic room and sluice room was secured in the interest of safety to residents and visitors.

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 policy on the management of medicines which was centre-specific and in line with legislation and guidelines. Systems for the prescribing, receipt, administration,

storage and accounting for medicines were satisfactory. Medicines were being stored safely and securely in a room which was locked at all times.

All medicine was dispensed from individual packs. These were delivered to the centre by the pharmacist. On arrival, the prescription sheets from the pharmacist were checked to ensure all prescription orders were correct for each resident.

Photographic identification was available on the medicine chart for each resident to ensure the correct identity of the resident receiving the medicine and reduce the risk of medicine error. The prescription sheets reviewed were legible. The prescription sheets were legible and separately identified the regular medication, (p.r.n) medication (a medicine only taken as the need arises) and short-term medicine.

The administration sheets viewed were signed by the nurse following administration of medicine to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medicine was refused on the administration sheet.

There was evidence of general practitioners (GPs) reviewing residents' medicines on a regular basis.

The system for storing controlled drugs was secure. Controlled drugs were stored safely in a double locked cupboard. Stock levels were recorded at the beginning and end of each shift in a register. The inspector examined a sample of medicines and this corresponded to the register.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

Each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care. A pre-admission assessment was completed by the person in charge to ensure the care needs of prospective residents

can be met.

On admission a comprehensive assessment of needs was completed. There was a documented assessment of all activities of daily living, including communication, personal hygiene, continence, eating and drinking, mobility, spirituality and sleep. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores, continence needs and mood and behaviour. Risk assessments were regularly revised. There was good linkage between risk assessments and care plans developed.

There were handwritten care plans in place for each identified need. Arrangements were in place so that each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances. These were reviewed no less frequently than at four-monthly intervals. The development and review of care plans was done in consultation with residents or their representatives. The evaluation of the care plan outlined the professional judgment of the planned care pathway and its effectiveness.

Residents had access to GP services and there was evidence of medical reviews at least three monthly and more frequently when required. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. The GP's reviewed and reissued each resident's prescriptions every three months. This was evidenced on reviewing medical files and drug cards.

Residents had timely access to allied health professionals including speech and language therapist, dietician and a chiroprapist.

Residents identified at risk of developing pressure ulcers had specific equipment in place to mitigate the risk, such as repositioning regimes, pressure relieving mattresses and cushions to protect skin integrity. There were two residents with wounds at the time of this inspection. A plan of care was in place and regularly revised. Wound assessment charts were completed each time the dressing was changed. There was access to a clinical nurse specialist in wound management for complex wounds.

There were opportunities for residents to partake in activities. The inspector met with both activity coordinators and reviewed the activity schedule which provided both physical and sensory stimulation.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Discussions with the nursing team evidenced that end-of- life care was person centred and respected the values and preferences of individual residents.

There was an end-of-life care policy detailing procedures to guide staff. The policy of the centre is all residents are for resuscitation unless documented otherwise. There were 20 residents with a do not attempt resuscitation (DNAR) status in place.

A multi disciplinary approach was undertaken to include the resident where possible, their representative, the GP and the nursing team. Each resident had a plan of care for end-of –life needs. End-of- life care plans recorded detail of personal and spiritual wishes to assist meeting social and psychological needs.

The management team confirmed they had good access to the palliative care team who provided advise to monitor physical symptoms and ensure appropriate comfort measures. There were three residents under the care of the palliative team at the time of this inspection.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a monthly basis and more regularly where significant weight changes were indicated.

Access to a dietician and a speech and language therapist was available to obtain specialist advice to guide care practice and help maximise residents maintain a safe healthy nutritional status.

Residents were provided with food and drink at times and in quantities adequate for their needs. The food was properly served with sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake, particularly for those on fortified diets. A trolley served residents mid morning and afternoon offering a choice of tea/coffee fruit, buns and biscuits and dessert.

There was an emphasis on residents' maintaining their own independence. Residents confirmed their satisfaction with mealtimes and food provided. Relatives were positive in their comments about the meals including the quality and variety in questionnaires submitted to HIQA.

A record of residents who were on special diets such as diabetic, fortified diets or those requiring a modified consistency or fluid thickeners was available for reference by all staff and kept under review.

Judgment:

Compliant

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was evidence that residents had adequate space for their belongings, including secure lockable storage. Each resident was provided with their own wardrobe. The centre provided the service to laundry all residents' clothes and families had the choice to take home clothes to launder if they wished.

A staff member was assigned to the laundry each day of the week. A clear system was in place to ensure all clothes were identifiable to each resident. A property list was completed with an inventory of all residents' possessions on admission and updated periodically.

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:

The provider employs a whole-time equivalent of 12 registered and 34 care assistants. In addition, there is seven catering and eight housekeeping whole time equivalent employed There are full time staff assigned to the laundry role of activity coordinators.

There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. The inspector noted that the planned staff rota matched the staffing levels on duty. The supervision arrangements and skill mix of staff was suitable to meet the needs of residents.

There were three nurses rostered each day of the week supported by the person in charge. There are two nurses rostered each night.

There is a regular pattern of rostered care staff on each work shift. There were fourteen care assistants rostered throughout the morning until 14.00hrs. There are 12 care assistant rostered during the afternoon and evening. There was a calm, relaxed atmosphere observed throughout the centre. Staff levels ensured person centred, safe quality care, allowing flexibility and choice for residents in their activities of daily life.

There was a policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Staff confirmed to the inspector they undertook an interview and were requested to submit names of referees. Staff files evidenced supervision arrangements and confirmation of Garda vetting. The centre did not employ any external agency staff.

There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on infection control, nutritional care and infection control and hand hygiene. All nursing staff were facilitated to engage in continuous professional development and had completed training on the management of medicines.

All nurses employed had confirmation of their registration with the Nursing and Midwifery Board of Ireland for 2017 documented.

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:

PJ Wynne
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:	College View Nursing Home
Centre ID:	OSV-0000128
Date of inspection:	19/06/2017
Date of response:	25/07/2017

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 07: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A risk assessment was completed prior to using bedrails. However, the risk assessment tool requires review to take cognisance of a broader range of issues to include risks from responsive behaviour, intermittent confusion and medical conditions.

1. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a

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

designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

A new risk assessment audit tool will be sourced which will take cognisance of a broader range of issues

Proposed Timescale: 31/08/2017

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 procedures to record fire drills require review. The fire drill records did not record the scenario or type of simulated practice, including the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

2. Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The fire drills records will reflect time taken to respond and simulated practice – all this will be recorded as required and completed quarterly or more often as needed.

Proposed Timescale: 31/08/2017

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

An inadequate number of drills were completed to ensure all staff had the opportunity to participate in regular drill in between annual refresher fire safety training.

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Additional fire drills will be commenced and include different times of the day/evening to ensure all staff included.

Proposed Timescale: 31/08/2017