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Cramers Court Nursing Home, Belgooly, Cork.

Item Type	report
Authors	Desmond, Breeda;Callanan, Cathleen
Citation	Breeda Desmond, Cathleen Callanan, 'Cramers Court Nursing Home, Belgooly, Cork.', [report], Health Information and Quality Authority, Compliance monitoring inspection report (Ireland. Health Information and Quality Authority. Regulation Directorate). Designated centres under Health Act 2007, as amended., 2015-02
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-05-10 11:14:37
Link to Item	https://hdl.handle.net/20.500.14765/73467

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cramers Court Nursing Home
Centre ID:	OSV-0000218
Centre address:	Belgooly, Cork.
Telephone number:	021 477 0721
Email address:	info@cramerscourt.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Inis Ban Limited
Provider Nominee:	Edward Plunkett
Lead inspector:	Breeda Desmond
Support inspector(s):	Cathleen Callanan
Type of inspection	Unannounced
Number of residents on the date of inspection:	56
Number of vacancies on the date of inspection:	3

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 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 inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 May 2014 09:30 To: 14 May 2014 14:30

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

Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 15: Food and Nutrition
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was a follow-up inspection to the re-registration inspection of 11 and 12 December 2013. Inspectors met with residents, person in charge, assistant manager and staff. Inspectors observed practices and reviewed documentation such as care plans, medical records, contracts of care, staff files, policies and procedures.

The inspectors found partial compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the Standards. The previous inspection identified areas that required attention which included:

- residents' contracts of care
- suitable person in charge
- residents' records
- maintaining residents' finances
- some policies and procedures

- prevention and control of infection
- risk management
- fire safety
- medication management
- notifications
- a system for reviewing and implementing quality and safety of care
- aspects of the premises
- residents' care plans
- display of the complaints procedure
- policy and procedure for nutritional care
- staff access to training and education
- staff files.

The inspectors found that most of the clinical issues identified were remedied, however, many non-clinical areas remained unresolved. These will be discussed throughout the report and the degree of compliance acknowledged. The action plan at the end of this report sets out the actions necessary to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the Standards.

Section 41(1)(c) of the Health Act 2007. 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.

Outcome 02: Contract for the Provision of Services

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:

Leadership, Governance and Management

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

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

Findings:

It was identified on the previous inspection that contracts of care did not include fees to be charged as well as additional fees to be charged. This was now remedied, whereby these items were now included in the contracts of care. However, when fees to be charged were changed a new contract of care was not issued to the residents or their next of kin, rather an amendment was made to the original contract and a letter issued to the next of kin informing them of the increase in fees to be charged.

Judgment:

Non Compliant - Moderate

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The Authority received notification from the provider identifying the person participating in the management of the centre as the person in charge. He was a suitable qualified and experienced nurse who demonstrated authority, accountability and responsibility for the provision of the service. He was proactive regarding implementation of remedial actions necessary to ensure compliance with the Regulations following the previous inspection which has resulted in closure of most of the clinical actions identified.

Judgment:

Compliant

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

Theme:

Leadership, Governance and Management

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

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

Findings:

Issues identified on the previous inspection relating to storage and ease of retrieval of residents' records, directory of residents, maintaining a record of residents' personal property where resolved. Matters relating to records maintained for residents finances (Outcome 6) and care plans (Outcome 11) will be captured under the relevant outcomes in the report.

Judgment:

Compliant

Outcome 06: 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.

Theme:

Safe Care and Support

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

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

Findings:

Issues identified in the previous inspection relating to documentation and recording of debit and credit transactions in residents' finances was remedied, whereby a new log book was evidenced. It included transaction details with dual signatures for each transaction as well as dates of each transaction. Residents personal valuables were individually labelled and packaged and stored in a locked safe within a locked cupboard within a secure room, which only the person in charge and manager had access. Resident access to lockable storage will be discussed under outcome 12 - Safe and Suitable Premises.

Judgment:

Compliant

Outcome 07: 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:

Issues identified in the previous inspection were partially completed.

The risk assessment policy was reviewed and it was compliant with regulatory requirements. The risk register included the identification and management of risk, measures in place to control risks and arrangements for identification, recording, investigating and learning from serious incidents and self-harm. Retrieval of this information was cumbersome as there were three folders containing information in relation to health, safety and risk with duplication of information throughout.

Each resident had a comprehensive risk assessment completed on admission and three-monthly thereafter. This was demonstrated on inspection.

There was a new sluice room which contained a bedpan washer, separate sinks for cleaning equipment and a designated hand-wash sink. Appropriate storage facilities for urinals and bedpans were available. The clinical waste bin was removed from outside the male toilet and was relocated to the new sluice room.

While there was a daily cleaning checklist in place for completing housekeeping tasks, it did not identify the colour-coding regime for use of appropriate clothes for different areas. Colour-coded clothes were not evidenced on cleaning trolleys examined. The fire safety register was examined and daily fire checks were completed. Staff had completed up-to-date fire safety training.

Judgment:

Non Compliant - Minor

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

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

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

Findings:

Issued identified on the previous inspection were remedied whereby photographic identification was in place for all residents as part of their medication management; discontinued medications were appropriately discontinued; supplements and other special instructions for administration of medications were included in residents' prescriptions.

The controlled drug register was now maintained in accordance with professional best practice guidelines, whereby, the time of administration of controlled drugs was recorded in the controlled drug book.

Staff training regarding medication management will be discussed under Outcome 18 – Suitable Staffing

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Care and Support

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

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

Findings:

It was identified in the previous report that quarterly notifications were not submitted to the Authority in a timely manner. This was remedied and NFs 39 were received by the Authority.

Judgment:

Compliant

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

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

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

Findings:

The previous inspection identified that there was little evidence to indicate that the findings from audits were actioned or progressed by senior management. Audits pertaining to clinical and non-clinical areas were reviewed and discussed during the

inspection. The person in charge demonstrated the extensive list of audits completed, actions necessary to remedy areas of concern, responsibility was assigned to appropriate staff and interventions initiated to ensure quality of care and welfare. However, there continued to be little evidence that non-clinical areas of concern were addressed.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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:

Issues identified on the previous inspection were remedied whereby care plans were reviewed three-monthly or more often if their needs warranted; risk assessments were completed three-monthly; medications were prescribed appropriate to residents' needs; clinical observations were completed in accordance with their policy; clinical risk assessments were carried out in compliance with the Regulations; oral assessments were now part of residents risk assessments and care planning. Care planning was now done in conjunction with residents and/or their next-of-kin and there was documented evidence to support this. Consent forms were in line with best practice guidelines.

Residents' feedback was sought regarding activities which has resulted in a wider range of activities provided over seven days. Residents spoken with during the inspection relayed positive feedback relating to the range and quality of the activities choice.

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: While some of the issues identified in previous inspection reports were addressed, many of the actions relating to the premises remained outstanding. Issues remedied included a new sluice room on the ground floor as described earlier in the report. High-backed chairs were reupholstered; there were new hand-wash facilities in the housekeeping room; some painting and redecorating had occurred. Secure lockable storage was in place in one resident's bedroom at their request, however, lockable storage not standard for all residents.</p> <p>During the previous inspection, the provider informed inspectors that building plans were submitted to the relevant authorities and they hoped that building would commence this year. However, building had not commenced at the time of inspection.</p> <p>Judgment: Non Compliant - Moderate</p>

<p>Outcome 13: Complaints procedures <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): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: While the complaints procedure was displayed it was not displayed in a prominent position as required by the Regulations and identified in the previous inspection. Neither was it in a format that was easily accessible to residents, including residents with a vision deficit or cognitive impairment.</p> <p>Judgment: Non Compliant - Moderate</p>

<p>Outcome 15: Food and Nutrition <i>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.</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: Issues identified in the previous inspection were remedied whereby the end-of-life care policy included up-to-date guidance for staff regarding care of the resident and families. Care plans reviewed evidenced discussion with the residents and/or their next-of-kin regarding end-of-life care choice.</p>
<p>Judgment: Compliant</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: Issues identified in the previous inspection were remedied whereby the food and nutrition policy was implemented. This was evidenced in residents' care plans were an appropriate nutritional risk assessment tool was in place with appropriate interventions when indicated; residents were weighed regularly; food and fluids were recorded when the resident's condition warranted.</p> <p>The inspector spoke with kitchen staff. Previously there was very little communication relating to residents' preferences, needs and dietary supplements. Staff stated that this had greatly improved with all dietary requirements relayed to kitchen staff.</p>
<p>Judgment: Compliant</p>

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.

Theme:
Workforce

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

Findings:
Issues relating to staff files were not comprehensively addressed. A sample of staff files

examined demonstrated that references were not in place for some staff; others had references but there was no evidence that they were verified.

A staff training matrix was evidenced which demonstrated that staff had completed the following training since the last inspection: medication management, manual handling and lifting, adult protection, fire safety, end of life care, infection prevention and control.

Judgment:

Non Compliant - Moderate

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:

Breeda Desmond
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:	Cramers Court Nursing Home
Centre ID:	OSV-0000218
Date of inspection:	14/05/2014
Date of response:	30/05/2014

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 02: Contract for the Provision of Services

Theme:

Leadership, Governance and Management

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

When the terms of the contract of care were changed, a new contract was not issued or signed by the resident or their next of kin.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the

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

services to be provided for that resident and the fees to be charged.

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

We will be changing all our contracts to suit. NHI is supplying new contracts that will be fully compliant and will be available 1st July. From that date we will get all residents and next of kin to sign.

Proposed Timescale: 01/09/2014

Outcome 07: 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:

While there was a daily cleaning checklist in place for completing housekeeping tasks, it did not identify the colour-coding regime for use of appropriate clothes for different areas, posing an infection control risk. Colour-coded clothes were not evidenced on cleaning trolleys examined.

Action Required:

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

We have made up new data sheets that clearly state what different colour cloths should be used in different areas. This information will be provided in each division of the house and all staff have read and understood.

Proposed Timescale: 30/05/2014

Outcome 10: Reviewing and improving the quality and safety of care

Theme:

Effective Care and Support

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

There was little evidence to indicate that the findings from non-clinical audits were actioned or progressed.

Action Required:

Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

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

We have one more fire and safety training course to complete and then all staff will be up to date on fire training. We are putting together a new action plan for missing

persons drill at Cramers Court; this will entail a walk around the inside and outside of the home with staff to show areas that residents might go if they go missing. This will also include the use of walkie-talkie and who to contact in case of a missing person. All staff will be shown how to deal with this situation.

Proposed Timescale: 01/09/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective Care and Support

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

The layout of some residents' bedrooms did not accommodate a bedside chair.

The locations of televisions in some twin-bedded rooms did not ensure that both residents occupying the room could view the television.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

We are placing an order of TV's and chairs so that every resident will have access to both in their room. All TV's will be hung on walls.

Proposed Timescale: 01/09/2014

Theme:

Effective Care and Support

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

Secure lockable storage for residents was not routinely provided.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

We are putting locks on all bedside lockers; this will be completed by the carpenter.

Proposed Timescale: 01/09/2014

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:

The complaints procedure was displayed, however, it was not displayed in a prominent position as described in the Regulations and identified in the previous inspection.

Action Required:

Under Regulation 39 (4) you are required to: Display the complaints procedure in a prominent position in the designated centre.

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

We have made up more complaints procedures that will be situated at the front of house and on notice board at front door.

Proposed Timescale: 01/07/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

A sample of staff files examined demonstrated that references were not in place for some staff; others had references but there was no evidence that they were verified.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

We are working on getting in contact with all references of every employee so as there is written confirmation that the person is fit for the job.

Proposed Timescale: 01/11/2014