### Centre name:
Curragh Lawn Nursing Home

### Centre ID:
0029

### Centre Address:
- Kinneagh
- Curragh
- Co Kildare

### Telephone number:
045 481880

### Fax number:
045 481133

### Email address:
curraghlawn2@eircom.net

### Type of centre:
- Private
- Voluntary
- Public

### Registered provider:
Partnership - Nominated provider is Valerie Ryan

### Person in charge:
Miriam McDonnell

### Date of inspection:
22 September and 3 and 4 November 2010

### Time inspection took place:
- **3 Nov Start:** 14:00 hrs  
  **Completion:** 17:50 hrs
- **4 Nov Start:** 09:00hrs  
  **Completion:** 15:30 hrs

### Lead inspector:
Sheila Doyle

### Support inspector:
Aileen Keane - 4 November 2010

### Type of inspection:
- Registration
- Scheduled
- Announced
- Unannounced
About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

**Evidence of good practice** - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

**Some improvements required** - this means that practice was generally satisfactory but there were areas that need attention.

**Significant improvements required** - this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

**Registration inspections** are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence.
In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the Regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.
About the centre

Description of services and premises

Curragh Lawn Nursing Home provides 37 residential places to people over the age of 65, some of whom have dementia related conditions. In addition, short-term convalescence, physical and intellectual disability care, acquired brain injury care, and respite care is also provided from time to time. Three day care places are also available when required. There were 35 residents on the days of inspection and all were over 65 years of age.

The centre is a house with a purpose-built extension to the side and rear. The front door leads to a spacious front hall. The upper floor is set aside for offices and staff changing, toilet and shower facilities along with storage space, training area and records archive. The laundry facilities and maintenance areas are in the basement. The upper floor of the extension is set aside as private staff accommodation.

All resident accommodation is on the ground floor. Bedroom accommodation consists of 13 single rooms, two of which have en suite toilet and wash-hand basin facilities, ten two-bedded rooms, two of which have en suite toilet and wash-hand basin facilities and one four-bedded room.

There are six wheelchair-assisted toilets and five wheelchair-assisted bathrooms located throughout the building. A sluice room is available along with separate laundry and kitchen facilities. There are two sitting rooms with the dining room located between them.

To the front of the building is a large lawn and garden with seating areas and raised flower beds leading down an avenue to lockable front gates. There is a smaller patio area off the sitting room which residents use during good weather.

Ample parking is available at the front of the building.

Location

The centre is situated in Kinneagh, two kilometres from the village of Athgarvan in the Curragh, County Kildare

<table>
<thead>
<tr>
<th>Date centre was first established:</th>
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<tbody>
<tr>
<td>Number of residents on the date of inspection</td>
<td>35</td>
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<tr>
<td>Number of vacancies on the date of inspection</td>
<td>2</td>
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<tr>
<td>Dependency level of current residents</td>
<td>Max</td>
</tr>
<tr>
<td>--------------------------------------</td>
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<tr>
<td>Number of residents</td>
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**Management structure**

The centre is a family-run partnership business with three partners. Liam McDonnell is the Administrator, Miriam McDonnell is the Person in Charge and Director of Nursing and Valerie Ryan is the nominated Provider and the Assistant Director of Nursing (ADON). The housekeeping, catering and maintenance staff report directly to the Administrator. Miriam McDonnell reports to the Provider and is supported in her role by the ADON and senior nurses. Nurses and care assistants report to the Person in charge.

<table>
<thead>
<tr>
<th>Staff designation</th>
<th>Person in Charge</th>
<th>Nurses</th>
<th>Care staff</th>
<th>Catering staff</th>
<th>Cleaning and laundry staff</th>
<th>Admin staff</th>
<th>Other staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff on duty on day of inspection</td>
<td>2*</td>
<td>2</td>
<td>6</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2*</td>
</tr>
</tbody>
</table>

* 1 Director of Nursing; 1 Assistant Director of Nursing
** 2 Maintenance men
Summary of findings from this inspection

This was an announced registration inspection, and the centre’s first full inspection by the Health Information and Quality Authority (the Authority). It took place over three days, the first of which was unannounced and focussed on the physical environment. The provider had applied for registration under the Health Act, 2007 and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009. As part of the registration process, the provider and person in charge have to satisfy the Chief Inspector of Social Services that they are fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). This registration inspection took place over two days.

The fit person self-assessment had been completed jointly by the provider and the person in charge. They had identified a number of areas for improvement including increased involvement of residents and relatives in care planning and the provision of a greater range of activities for the residents. During the inspection, separate interviews were carried out with the provider and the person in charge. Inspectors also reviewed all of the information provided in the registration application form and supporting documents.

Inspectors met with residents, relatives, and staff members. They also met with the provider, the person in charge and the administrator. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, maintenance records and staff files.

While areas for improvement were identified, overall the inspectors found that the provider and person in charge met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. They had established strong management processes to ensure the delivery of services to residents in a consistent and safe manner. They had identified that some aspects of the present building would not meet the standards and had developed a plan to address this by a proposed extension.

The provider and the person in charge promoted the safety of residents. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of elder abuse. Fire precautions such as fire drills, fire training for staff and servicing of equipment were in place. In addition, an emergency plan was in place.

The health needs of residents were met. Residents had access to general practitioner (GP) services, to a range of other health services, and the nursing care provided was evidence based.

The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day. The dining experience was pleasant, and an ethos of respect and dignity for both residents and staff was evident.
Areas identified for improvement included the statement of purpose, the prescribing of crushed medications and improvements in the premises. Continual monitoring of residents’ assessed needs was required to ensure adequate numbers of staff are available. Further work was required on improving residents’ and relatives’ involvement in care plans. These areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

**Comments by residents and relatives**

Inspectors received questionnaires from 13 residents and 11 relatives with comments on the care received and quality of life prior to the inspection. Inspectors interviewed residents and relatives in private and also spoke with several residents and relatives during the inspection. Comments from residents and relatives were largely positive.

Comments from residents included “I just enjoy the day, ramble around, join in the activities....” and “All the staff have a smile for you”. Residents also said how safe they felt “Its good to have someone to look after you” and “I like to leave my window open a lot and have no fear”.

Residents said they were provided with choices around how they spent their day. Residents described a range of activities they liked - some enjoyed organised group activities while others preferred solitary pleasures such as reading, listening to the radio or a drink from the bar.

Several relatives commented on the pre-admission information they were given including meeting with the person in charge and having a look around the centre. One relative said that the reputation of the home confirmed her decision to admit her loved one there. A resident simply stated “I love living here to tell you the truth”. While another said she was “happy and content” and liked the company.

Relatives felt welcomed and said staff always offered them tea or coffee or invited them to stay for a meal. Several relatives commented positively on the fact that they could visit at any time. All relative questionnaires made reference to the fact that they were contacted immediately if there was any problem and that staff were always available to them. One relative said that “... any patient entering Curragh Lawn is one of the lucky ones”. Other relatives commented on the respect and kindness shown to both the residents and themselves.

Both residents and relatives expressed satisfaction with the laundry service although one relative said that “Sometimes clothes go missing and others appear in her wardrobe”. Residents stated in the questionnaires that they found the food to be very good with good menu choices and snacks available at any time and residents spoken to confirmed this.

Both residents and relatives commented on the cleanliness of the centre with one relative describing it as “neat, tidy, homely and comfortable” while other relatives said that all residents were now part of a family in their own home.
Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the Regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The provider and the person in charge demonstrated their knowledge of the National Quality Standards for Residential Care Settings for Older People in Ireland and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). They had completed the fit person entry programme together and had taken a number of initiatives such as increased involvement of residents and relatives in care planning and changing the residents guide to a more user friendly format. Staff members were familiar with the Standards and Regulations, and were able to discuss them with inspectors.

The provider had ensured that there was valid insurance cover, the directory of residents was up to date and that residents had a contract of care. Inspectors viewed these documents.

Both the provider and the person in charge were committed to developing the service with a focus on positive outcomes for residents. The person in charge had completed a Further Education and Training Awards Council (FETAC) Level 6 gerontology course and intends undertaking a dementia care course this year. She demonstrated good interpersonal skills, had management experience and provided strong leadership. The person in charge and provider discussed plans with inspectors to improve the service in response to the Standards. These improvements included a proposed building extension. The provider informed inspectors that arrangements were in place to address any unforeseen expenditure that might be needed.

There was a clear management structure in place. Staff interviewed said they enjoyed working at the centre and inspectors noted, when examining personnel files and rosters, that rates of absenteeism and staff turnover were low. Arrangements were in place to address staff absences. The ADON deputised for the person in charge when she was absent and she had completed a higher certificate in gerontology from the University of London. Part time staff did additional hours to cover other staff absences. Inspectors reviewed rota for three weeks and found that absences had been sufficiently covered.
The person in charge had taken fire safety precautions. Service records showed that the fire alarm system was serviced on a three-monthly basis, the emergency lighting and fire equipment yearly. The fire panels were in order and inspectors noted that fire exits were unobstructed. The inspectors read the training records which confirmed that all staff had attended training and staff spoken with were knowledgeable of the procedure to follow in the event of fire. Inspectors read the records of the daily inspections carried out on the fire doors, emergency lighting and fire exits.

The complaints policy was read by inspectors and details of the complaints procedures were posted publicly and described in the Residents’ Guide. The procedures provided clear guidelines on how to make a complaint or express a concern, and how these would be addressed. A named complaints officer was identified. The policy also identified an appeals process in the event that a complainant was unhappy with the outcome. An inspector reviewed the complaints log which showed that there had been a number of complaints raised and how they had been resolved including the complainant’s level of satisfaction with how the complaint was managed. Residents and relatives spoken with confirmed that they knew who to speak to if they had any complaint and staff were familiar with the complaints procedure. The provider also compiled an analysis of complaints to inform improvements within the centre. A separate concerns and issues log was also maintained which dealt with minor issues gleaned verbally but followed the same robust procedure as a written complaint.

The safety statement was read by inspectors and it included the employers’ and employees’ responsibilities and the role of the person in charge. The health and safety policy identified the hazards and the control measures for food safety and safety of residents, visitors and staff. There was an emergency plan, last reviewed in September 2010, which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. The emergency plan, included the setting up of a control centre within the grounds, and a contingency plan for the total evacuation of residents in the event of an emergency. Clinical risk was addressed with health and safety policies such as waste management and risk assessments.

All policies required by the Regulations were in place and inspectors read the staff sign off sheets which indicated that they had read the policies. The person in charge had a system of discussing any new or updated policies with all staff at handover times and team meetings. Staff spoken with told inspectors that they used the policies to inform practice. The provider had also designed various training cards for each member of staff, outlining in brief the immediate procedure to follow in the event of the occurrence of a range of incidents. For example, the emergency training card contained all relevant details of the procedures to follow in an emergency.

The policy on accidents and incidents guided staff practice. Inspectors reviewed the policy and read the accident reports. The policy provided clear guidelines to staff on what to do in the event of an accident involving a resident. All events were recorded in detail, and included an account of the action taken and the outcome.
The person in charge and provider gathered good quality information on such areas as complaints and accidents and incidents. There was a robust system in place to collect clinical data to identify possible trends and for the purpose of improving the quality of service and safety of residents.

**Some improvements required**

The statement of purpose read by inspectors did not meet the requirements of the Regulations. The type of nursing care to be provided and the size of the rooms was not included.
2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

Residents’ privacy and dignity were respected by staff. Inspectors observed staff closing screens tightly whilst delivering personal care, knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. Residents were dressed well and according to their individual choice. A resident told inspectors that staff took time in helping her choose her clothes. Inspectors observed staff interacting with residents in a courteous manner and addressing residents by their preferred name.

Staff provided residents with choice in many aspects of their lives. Residents told inspectors that they could decide how to spend their day. Inspectors saw residents getting up and having their meal at different times during the day.

Inspectors observed that the dining experience was a social and interactive occasion. The menu was displayed and all residents were asked for their preferences. Staff were observed assisting residents discreetly and respectfully if required. The meal was well presented and tasty and residents confirmed that they enjoyed the food. The main course was served plated, and residents were offered a choice of sauces or gravy separately. Residents told inspectors that they could get anything they wanted to eat. One resident said that even though there was a set menu, it was more like “a la carte. The chef will give us anything we want”. Inspectors saw the chef asking residents what they would like to eat.

Inspectors saw residents being offered a variety of snacks and drinks, including freshly baked buns and cakes. Fruit and jugs with a variety of juices and water were available in common areas and staff regularly offered drinks to residents. Residents and relatives told inspectors that they could have tea or coffee and snacks any time they asked for them.

The chef discussed with inspectors residents’ special dietary requirements and showed them information kept on residents’ dietary needs and preferences which was kept in the kitchen. The chef sought information from nurses and from residents.

Residents had an interesting day with a choice of meaningful and appropriate activities. This was an area where considerable developments had taken place.
Inspectors met with the ADON who coordinated the social programme and she outlined the various activities that occurred both within the centre and in the local community. Efforts were made to provide activities at weekends and evenings. Inspectors noted that a music session and drink from the bar was organised for one evening during inspection. Residents told inspectors the next day how much they enjoyed this and confirmed that it was a regular occurrence. Residents with dementia related conditions were supported to join in the activity programme and appropriate group and individual activity sessions were held.

At the heart of the activity programme was the team approach, involving the residents, relatives and all grades of staff. Inspectors saw that the staff nurse was leading a choir practice for residents prior to the mass time. Inspectors also saw staff joining in a music session one afternoon during inspection, dancing and singing with the residents.

Two additional sections had been added to the care plans, ‘A key to me’ and a ‘Personal Calendar of important dates’. Inspectors looked at some of these which had been completed by or for the residents and they included the residents’ previous life experiences and preferences and important dates. One resident told inspectors that this meant the staff always remembered special occasions even when she herself might forget.

Residents’ civil and religious rights were respected. The person in charge had arrangements in place for residents who wished to attend the local polling station, and those who could not attend had the option of voting in the centre or using the postal voting system. Mass took place in the centre on a weekly basis and in addition, there was a prayer service most days which was led by the residents themselves. The Church of Ireland ministers attended regularly and on request. The person in charge said that there were residents from other religious denominations and that they were supported to practice their religious beliefs.

The person in charge told inspectors how she promoted links with the local community. A group of local musicians routinely attended the centre. Many of the residents went out regularly with their family or for various shopping trips. Tickets to see local drama performances were provided for residents. Residents and staff told inspectors about their trips and other events that they had enjoyed. Several residents commented that they were off to the shops the next day. Many of these events were captured in photographs displayed around the centre, showing residents, relatives and staff enjoying these outings. In addition residents and staff held a coffee morning to raise funds for a local charity and then went to the local parish hall to present the cheque.

There was a policy for end-of-life care which provided direction to staff on the care of residents who were dying. The policy included directions for involving the resident and their families in planning the end of life care. Close working relationships had been forged with the local hospice and home care teams who provided support and advice on a referral basis. A single room was made available to the resident if that was their choice. A bedroom was set aside if the family wished to stay over and meals and tea and coffee were in constant supply.
3. Healthcare needs

Outcome: Residents’ healthcare needs are met.

Healthcare is integral to meeting individual’s needs. It requires that residents’ health, personal and social care needs are assessed and reviewed on an ongoing basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Staff promoted the residents’ health by encouraging them to stay active. Residents had weekly exercise classes and residents were seen walking about during the day. Nurses also used risk assessments to prevent pressure ulcers, malnutrition and falls. Inspectors read the care plan of residents who had fallen and noted that the strategies to prevent reoccurrence had been implemented.

Weight records were examined which showed that residents’ weights were checked on a monthly basis or more regularly if required. Nutrition assessments were used to identify residents at risk of malnutrition. Inspectors reviewed residents’ records and saw that residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review and inspectors noted that the outcome of this was recorded in the resident’s care plan. Medication records showed that supplements were prescribed by a doctor and administered appropriately.

Residents had regular access to medical services, and out-of-hours medical cover was provided. Residents told inspectors that they could retain their own GP if they wished. Residents and relatives told inspectors that they were satisfied with medical care provided. Inspectors reviewed medical notes which confirmed that GPs attended residents both for routine review and sooner if the resident was unwell.

Residents had access to a range of peripatetic services from within the centre and the local community. Speech and language therapy and dietetic services were available through a company and audiology services were available from a local service. Dental and optical services were provided locally or at the centre if required. Physiotherapy and occupational therapy were available on a referral basis. While reviewing residents’ files, inspectors noted the referral requests, reviews and treatment plans from these services. Inspectors also saw that a resident had been provided with a specialised chair recently following assessment by the occupational therapist. Another resident told inspectors how she was looking forward to getting her custom built wheelchair in one week and “the nursing home organised this for me”.

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Inspectors found evidence of good medication management processes. There were comprehensive medication management policies which provided guidance to staff. Inspectors joined nurses on part of their medication rounds and found that medication was administered in accordance with An Bord Altranais guidelines. Medications that required special control measures were carefully managed and kept in a secure cabinet. These medications were counted at the time of administration and at the change of each shift. Inspectors did a spot check on the balances and found them to be correct.

**Some improvements required**

The inspector reviewed the prescription sheets of residents who required their medication to be crushed and found that the medication was not prescribed as requiring crushing. A generic ‘medication may be crushed’ comment was written on the front of the medication sheet. Inspectors were concerned that this practice could increase the risk of medication errors.

Inspectors read residents’ care plans and found that comprehensive person-centred plans were in place for all residents. Appropriate assessments were carried out and three monthly reviews were completed and dated and signed by staff. In some cases residents and relatives had also signed. Staff told inspectors this was a work in progress and their intention was that in future all residents and relatives would be included in the development and review of care plans.
4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents’ individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The centre was decorated for Halloween at the time of inspection and residents told inspectors that they had made most of the decorations during an activity class. They told inspectors that the centre was decorated for each occasion.

The bedroom accommodation was of good quality. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. There was lockable personal storage space in each bedroom. There was adequate screening in the twin occupancy rooms to maintain the privacy of residents.

A high level of cleanliness and hygiene was maintained in the centre. Cleaning staff were observed working in an unobtrusive manner which did not disturb residents. They were able to tell inspectors about the arrangements to manage the risk of infection, including the use of colour coded cleaning equipment. Cleaning chemicals were appropriately stored.

The person in charge had prioritised infection control measures. All staff had received training in infection control. Alcohol hand gels were available throughout the centre and staff had access to supplies of latex gloves and disposable aprons. Staff that inspectors spoke with were very knowledgeable about infection control procedures. A sluice room, equipped with a bed pan washer, was available in the centre.

Residents could have their laundry processed in the centre. The laundry room, located in the basement, was spacious and well equipped. An ironing room was provided on the ground floor. Inspectors spoke with the staff member there and she was knowledgeable about infection control and the different processes for different categories of laundry. All residents’ clothes were folded and returned to the residents’ cupboards and residents’ questionnaires confirmed that they were happy with this service.

The inspectors visited the kitchen and found that it was well equipped and had a plentiful supply of fresh and frozen food which was stored appropriately.
There was a sufficient supply of assistive equipment to meet the residents’ needs and inspectors viewed the servicing records which were all up-to-date. Inspectors read the records of the inspections of pressure relieving mattresses and their settings on a twice daily basis. Inspectors observed staff using a hoist and they demonstrated their knowledge of the proper use of this equipment.

**Some improvements required**

Inspectors were concerned that some aspects of the premises would not meet the requirements of the Regulations and could pose a risk to the safety of residents.

An enclosed garden was available for residents who wished to use it. Raised flower beds provided a focal point and plans were afoot for the development of a sensory garden in that area. However this area also provided access for the fire brigade in an emergency. The gate, although closed, could not be locked and so the garden was not a secure safe area for residents who may wander.

Inspectors walked around the outside of the building and noted that the bins were in an unsecured space and so could pose a threat to the residents.

There was one four-bedded room which will not meet the requirements of the Standards.

Storage room was minimal and individual commodes were stored in the resident’s bedroom during the day.

The outside area was gravelled and presented an uneven surface for residents, thereby increasing the risk of injury.

These issues were discussed with the provider who said that they would be addressed in the proposed new building.
5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents’ and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents’ privacy is respected.

Evidence of good practice

The day-to-day involvement of the person in charge and the provider supported direct verbal communication between residents. Visitors and staff told inspectors that the person in charge was always available to them and that communication was welcomed and encouraged. Relatives told inspectors that they were satisfied with information provided by staff about residents’ healthcare and general wellbeing. One relative said that the staff contacted them immediately if there was any change whatsoever in the resident’s condition.

The person in charge had established a residents’ committee. Inspectors read the minutes of some meetings and noted that residents had made suggestions and inspectors saw where these suggestions had been taken on board. For example, the minutes indicated that the residents had suggested a barbecue to celebrate the Bealtaine festival and inspectors saw that a barbecue was held in June. More recent minutes stated that the residents had thoroughly enjoyed this.

The provider had secured the services of two independent advocates to support residents to uphold their rights.

Inspectors observed staff taking the time to reassure residents with dementia, speaking slowly, clearly and sensitively, and repeating the information to ensure that the resident understood what was being said to them. Inspectors spoke to staff who outlined various techniques they used when communicating with residents who had dementia. The provider had also developed a picture based Residents’ Guide to assist residents who were unable to read or understand the written word.

Information was provided to residents by the use of notice boards and signs in common areas and newspapers and magazines were available. The provider and person in charge had developed a newsletter and inspectors saw residents and staff reading through this. The current edition included local news, upcoming events, healthy eating tips, poetry that residents said they liked and news about the staff. Television sets were wall mounted at the bedside of residents who wanted this.
The person in charge had arrangements in place for communication between staff. Handover meetings were held at the change of shifts and during the day as required. Inspectors attended a handover and listened to the discussion about residents’ conditions, together with changes to treatment plans. Some staff were from other countries and the provider had taken extra measures to ensure that all staff were aware of the policies and procedures. She had collated some of the information training cards in various languages to assist staff.

Formal management team meetings were also held each month. Inspectors reviewed the agendas and minutes. Discussions and actions required were documented. Informal weekly meetings were also held.

Inspectors were satisfied that the person in charge maintained the confidentiality of residents. Residents’ records, care plans and personal information were stored in a secure manner.
6. **Staff: the recruitment, supervision and competence of staff**

**Outcome: Staff are competent and recruited in sufficient numbers to meet residents’ needs**

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

**Evidence of good practice**

Staff turnover was very low with two employees leaving the service in the last 12 months. Most of the staff had worked in the centre for a number of years. They were knowledgeable about residents, had established a good relationship with them and inspectors saw them responding to their needs in an informed way. Staff were clear about their roles and responsibilities and were able to explain these to inspectors. Household staff were trained and very informed about their role in infection control and maintaining an environment which was safe for residents.

Formal induction arrangements for newly employed staff were in place. A two-day induction programme was held to introduce the new staff to the policies within the centre, to provide mandatory training and to outline accepted standards within the centre. New staff worked alongside existing staff in a care team and completed a checklist which required them to read policies, observe procedures and be assessed as competent in these.

The person in charge had introduced staff appraisals and inspectors saw these were completed for staff on a yearly basis. The person in charge explained that the appraisals also informed training and development plans for staff.

The provider and person in charge were committed to providing ongoing training to staff. A training analysis was undertaken by the provider to identify which staff had attended the various training sessions and to ascertain any training deficits. Inspectors read the training files and noted that all staff had attended training in moving and handling. Management of behaviours that challenge training was considered mandatory to ensure that skilled staff were available to care for the residents and all relevant staff had received this. Plans were in place to provide Crisis Prevention Intervention (CPI) training to all staff during 2011 and 2012.

The person in charge told inspectors that all care assistants had Further Education and Training Awards Council (FETAC) Level 5 training and one care assistant had completed Level 6 training in gerontology as had a senior nurse.
The person in charge and provider networked with other residential centres in the area and had set up a clinical governance group for developing practices and sharing learning and documentation.

There was a robust written operational recruitment policy. Inspectors examined six staff files and found that all files met the requirements of the Regulations. The provider also maintained personnel files on all volunteers and sessional service providers, such as chiropodist or hairdressers and these too met the requirements of the Regulations.

Staff facilities were available and included a changing room with lockers, toilet and wash-hand basin and shower.

**Some improvements required**

The person in charge told inspectors that she based staffing levels on the assessed needs of residents, including their health and social needs. She said she determined dependency levels using a validated assessment tool. A twilight shift ensured that staff were available when residents wished to go to bed. Additional staff members were also on call overnight if required. Inspectors found that the levels and skill-mix of staffing were sufficient to meet the needs of residents during the day and a review of the rotas indicated that these were the usual arrangements. However, inspectors were concerned that only two staff were on night duty for 35 residents which could pose a risk to their safety and the quality of care provided. This will require close monitoring of residents’ assessed needs.

**Table 1: Staff deployed over a 24 hour period for 35 residents**

<table>
<thead>
<tr>
<th>Time</th>
<th>Director of Nursing</th>
<th>Nurses</th>
<th>Care Assistants</th>
<th>Catering</th>
<th>Housekeeping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Afternoon</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>6pm – 8pm</td>
<td>-</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8pm – 11pm</td>
<td>-</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11pm – 8am</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Closing the visit

At the close of the inspection, a feedback meeting was held with the provider, person in charge and administrator to report on the inspectors’ findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Sheila Doyle
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

12 November 2010
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre:</th>
<th>Curragh Lawn Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0029</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>22 September and 3 and 4 November 2010</td>
</tr>
<tr>
<td>Date of response:</td>
<td>16 December 2010</td>
</tr>
</tbody>
</table>

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

1. The provider has failed to comply with a regulatory requirement in the following respect:

Inspectors were concerned that only two staff were on night duty for 35 residents which could pose a risk to their safety and the quality of care provided. This will require close monitoring of residents’ assessed needs.

Action required:

Provide and monitor the numbers of staff and skill-mix of staff appropriate to the assessed needs of residents and the size and layout of the designated centre.

Reference:

Health Act, 2007
Regulation 16: Staffing
Standard 23: Staffing Levels and Qualifications

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

Timescale:
Provider's response:

As discussed with Inspectors at our registration inspection, the two staff on duty (one nurse and one care assistant) from 11.00 pm to 8.00 am has never been an issue with previous inspections. The layout of the nursing home - all on ground level and the high skills of our staff ensure safe and quality care for our residents at all times. The twilight staff member – 8.00 pm to 11.00 pm will remain on duty in an emergency and every night there is another registered nurse on call. The provider (ADON) and person in charge often supervise the twilight shift in order to maintain high standards and assess quality of care for the residents.

We will continue to keep a log of all instances where the on-call service was required as discussed with the inspectors - (particularly for resident illness or for end-of-life care). Should the assessed needs of our residents dictate, we will, as is always the policy of the nursing home, increase the number of staff on duty at night.

| Complete and ongoing |

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2. The provider has failed to comply with a regulatory requirement in the following respect:

Inspectors were concerned that some aspects of the premises would not meet the requirements of the Regulations and could pose a risk to the safety of residents. For example:

- an enclosed garden was available for residents who wished to use it. However this area also provided access for the fire brigade so the gate, although closed, could not be locked and therefore the garden was not a secure safe area for residents who may wander

- the outside area was gravelled and presented an uneven surface for residents, thereby increasing the risk of injury

- inspectors walked around the outside of the building and noted that the bins were in an unsecured space which could pose a threat to the residents

- there were one four-bedded room which will not meet the requirements of the Regulations or Standards

- storage room was minimal and individual commodes were stored in the resident’s bedroom during the day.

Action required:

Provide and appropriately maintain external grounds which are suitable for, and safe for use by residents.
**Action required:**  
Provide a secure area for the storage of rubbish bins.

**Action required:**  
Ensure the size and layout of rooms occupied or used by residents are suitable for their needs and meet the requirements of the Regulations and Standards.

**Action required:**  
Provide suitable provision for storage in the designated centre.

**Reference:**  
- Health Act, 2007  
- Regulation 19: Premises  
- Regulation 31: Risk Management Procedures  
- Standard 25: Physical Environment  
- Standard 26: Health and Safety

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
<th>Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
<td></td>
</tr>
<tr>
<td>Previously the gate was locked but this was considered a risk from our emergency planning risk assessment and the lock removed. The enclosed garden will be secured with a coded lock/suitable gate.</td>
<td>March 2011</td>
</tr>
<tr>
<td>All walkways are tarmac/concrete for the safety of the residents. The area mentioned in the report is a car parking area and as discussed with inspectors will be incorporated into the proposed extension which is due to commence in 2011, this action will be addressed upon completion of the extension.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Again the rubbish bins are now located where the extension will be. These will be temporarily moved to a new location and a secure area for the bins will be built to ensure the safety of the residents. The clinical waste bin has always been in a different location for further security and is always kept locked.</td>
<td>March 2011</td>
</tr>
<tr>
<td>Currently the four-bedded high dependency room meets both the Regulations and the Standards of existing nursing homes. By 2015 however the plan for this room is to be incorporated into the extension.</td>
<td>By 2015</td>
</tr>
</tbody>
</table>
Storage space issues will be addressed in the new extension, however we always endeavour to keep clutter to a minimum and keep living areas comfortable and safe to move around. We have given the residents who had commodes in their rooms the choice to remove the commode to another area but the majority have opted to leave them in their own bedroom. This decision has been documented in the individual’s care plans.

| Completed and ongoing with proposed extension |

3. The provider has failed to comply with a regulatory requirement in the following respect:

Crushed medications were not prescribed as crushed by the GP.

**Action required:**

Put in place appropriate and suitable procedures for crushing of medication.

**Reference:**

Health Act, 2007
Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

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

<table>
<thead>
<tr>
<th>Timescale:</th>
</tr>
</thead>
</table>

Provider’s response:

Each medicine required to be crushed is now individually signed by the GP as crushable. The generic line “Medications may be crushed” previously signed by the GP on the Medication Authorisation Cardex is no longer used.

4. The provider has failed to comply with a regulatory requirement in the following respect:

Not all care plans showed evidence of resident or relative involvement in either their development or review.

**Action required:**

Put in place a system so that each resident’s needs are set out in an individual care plan developed and agreed with each resident.
<table>
<thead>
<tr>
<th>Reference:</th>
</tr>
</thead>
</table>
| Health Act, 2007  
Regulation 8: Assessment and Care plan  
Standard 11: The Resident’s Care Plan |

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
</tr>
<tr>
<td>Some residents are not able or do not wish to be involved in the care planning process. This will be documented on their care plan in future. However in our next care plan reviews we will endeavour to develop and agree the care plan with all the residents or their chosen representative.</td>
</tr>
<tr>
<td>Timescale:</td>
</tr>
<tr>
<td>Ongoing - June 2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. The provider is failing to comply with a regulatory requirement in the following respect:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The statement of purpose did not contain the information required in the Regulations. For example type of nursing care to be provided or the size of the rooms was not included.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action required:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revise the statement of purpose to include a statement as to the matters listed in Schedule 1 of the Regulations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reference:</th>
</tr>
</thead>
</table>
| Health Act, 2007  
Regulation 5: Statement of Purpose  
Standard 28: Purpose and Function |

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take with timescales:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s response:</td>
</tr>
<tr>
<td>The categories of care discussed with the inspectors have been made clearer as requested and a spreadsheet on the size of the rooms is now included in the statement of purpose and function. The new copy of the statement of purpose and function will be printed and submitted to the Authority.</td>
</tr>
<tr>
<td>Timescale:</td>
</tr>
<tr>
<td>January 2011</td>
</tr>
</tbody>
</table>
Any comments the provider may wish to make:

Provider's response:

We would like to thank our Inspectors most sincerely for the courtesy and kindness shown to our residents, staff and visitors at Curragh Lawn. They were very informative about the registration process and thorough in their inspection.

The unannounced monitoring inspection on 22 September 2010, while we were away in Lourdes with some of our residents, was also conducted in a professional and courteous manner.

Curragh Lawn has been used to twice yearly unannounced inspections by the HSE over twenty five years and the experience was always as positive as the new process.

We wish to thank our residents and visitors for all their support and wonderful comments. They enjoyed the new inspectorate experience and have always been very involved in shaping the organisation of our day to day life at Curragh Lawn.

We wish most importantly to thank our staff for their continued hard work and excellence in person centred care provision. Without them the nursing home simply could not maintain its excellent reputation.

All at Curragh Lawn very much support the introduction of the new Regulations and Standards and look forward to working with the Health Information and Quality Authority to achieve the recommendations of the Inspectors.

We are delighted that our report reflects the high standard of quality care we have always provided at Curragh Lawn Nursing Home and as always we strive to ensure continuous quality improvement and aim to meet and exceed the current standards.

Provider's name: Valerie Ryan
Date: 14 December 2010