

Health Information and Quality Authority
Social Services Inspectorate

Regulatory Monitoring Visit Report
Designated centres for older people



Centre name:	Carlingford Nursing Home
Centre ID:	0121
Centre address:	Old Dundalk Road
	Carlingford
	County Louth
Telephone number:	042-9383993
Fax number:	042-9383994
Email address:	info@carlingfordnursinghome.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Arbour Care Group
Person in charge:	Mary Brigid O'Kane
Date of inspection:	17 June 2010
Time inspection took place:	Start: 10.00 hrs Completion: 17.15 hrs
Lead inspector:	Siobhan Kennedy
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Regulatory Monitoring Visit Report

About the 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 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Carlingford Nursing Home was established in 2000. The centre provides accommodation for up to 44 residents and offers long term, respite, convalescence and palliative care. It caters mainly for residents over 65 years of age, but also provides care to people with dementia, intellectual and physical disability.

Accommodation comprises 33 single rooms, four twin rooms and one three-bedded room. With the exception of the three-bedded room, all other rooms have en suite shower, toilet and wash hand basin facilities. There are additional toilets, showers, bathrooms (one with a reclining electrically operated bath) and hair washing facilities.

The entrance foyer has a seated area which leads into a corridor, which extends around a large accessible inner enclosed garden, planted with shrubs and flowerbeds. The main communal rooms and residents' bedrooms are located on either side of the corridor looking out onto the gardens.

Amenities for residents include three sitting rooms, a large dining room, visitors' and smoking rooms, a chapel with a separate entrance and a multi sensory room for relaxation. There is also a visitors' kitchen. Other facilities include a nurses' station, a treatment room, a kitchen, a laundry, offices, sluice rooms and staff changing rooms which are equipped with lockers and storage areas.

The external grounds provide secure gardens and ample car parking space.

Location

Carlingford Nursing Home is situated on the old Dundalk road on the outskirts of Carlingford village and is on an elevated site overlooking the lough.

Date centre was first established:	2000
Number of residents on the date of inspection	43

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	25	18	0

Management structure

The centre forms part of the Arbour Care Group. Donal O’Gallagher is one of three directors and is the designated provider and general manager.

The person in charge, Mary Bridget (Breda) O’ Kane reports to the group operations manager, Rosetta Herr and to the provider Donal O’Gallagher. On a day-to-day basis, the person in charge is supported by a team of staff nurses, care assistants, catering assistants, domestic staff, an activity coordinator and an administrator.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	6	3	3	1	1

Summary of findings from this inspection

This was the first inspection of this centre by the Health Information and Quality Authority (the Authority). It was unannounced and took place over one day. The focus of the inspection was to monitor compliance with key regulatory requirements relevant to governance and management, residents' care and the environment.

The inspection process included discussions with residents, relatives, the provider, the person in charge, the operations manager and staff. Documentation examined included fire safety records, health and safety documentation, operational policies and procedures, staff files, care plans and assessment records. The inspector also had opportunity to review the environment and observe care practises.

Residents were positive about day to day life experienced in the centre. They expressed satisfaction with the centres' facilities and services and were complimentary of the staff team. They considered that meals gave lots of variety and choice and they were able to make suggestions regarding their preferences. Relatives were also satisfied with all aspects of care provided. No issues or concerns were identified to the inspector.

The person in charge was an experienced nurse and had good knowledge of the legislation and Standards in relation to the residential care setting. She facilitated the inspection process by having documents readily available. Staff members acknowledged her ability to provide sound direction and leadership and confirmed that good relationships exist with the management team. The provider and operations manager regularly visited the centre to provide their support. Residents confirmed that there were adequate staff on duty to attend to their needs and staff were polite, courteous and pleasant. The inspector observed a well-trained and supervised staff group carrying out their duties including welcoming visitors in a friendly manner and providing relevant information about residents' needs.

Policies, procedures, systems and practises regarding managing risks were in place. A designated health and safety officer and committee were responsible for overall assessing, monitoring and analysing potential risks with a view to minimising these. This approach considered individual risks to residents such as accidents and also general risks associated with the premises and service delivery, for example, fire safety. During the inspection, the inspector and person in charge observed a domestic staff member leaving a cleaning trolley containing chemicals unsupervised. This issue was immediately addressed by the person in charge.

Residents were satisfied with the health care and treatment they received. Some described their daily routines and emphasised the fun and enjoyment they got from the variety of social and recreational activities offered which they could choose to attend. The inspector observed residents playing bingo and enjoying the garden. Strong connections with families and the community were evident. An art exhibition displaying residents' paintings took place in the centre two weeks prior to the inspection and had been attended by children from the local

school. This was organised by a local artist who assisted residents during the year to draw and paint.

The design and layout of the physical environment was of a high standard. The accommodation was spacious, bright and modern. In particular, residents expressed their delight with the beautiful views over the lough and the internal garden, which was safe and had an abundance of shrubs and flowers. Residents felt that this contributed to their well-being.

The inspector identified some aspects of the environment which did not meet the Authority's standards such as the lack of lockable facility for residents to store items of value, the absence of cleaning facilities for catering staff and inadequate laundry facilities. However, the provider informed the inspector of plans for an extension which would address these shortcomings.

The Action Plan at the end of this report identifies areas where improvements are required to comply with 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*.

Comments by residents and relatives

Views expressed by residents were positive in all respects and in particular, were complimentary of the support and assistance provided by the staff.

Residents told the inspector that they were satisfied with the spacious, bright environment and gardens with pathways which they could walk through or just sit and relax with a newspaper or book. They commented on the cleanliness of the environment and particularly the bedrooms. They said the laundry service was efficient, the choice of meals was good, and seasonal foods were prepared for occasions such as Easter.

Residents were aware that if they had a concern or complaint they could approach the person in charge or a staff member. Many of the residents were able to name the staff member whom they would confide in or make their complaint to. Residents confirmed that they had no concerns or complaints.

Relatives were full of praise and were highly complimentary of the whole staff team. They talked about the welcome they received and how they were involved in the caring process. They said if they had any concerns or needed reassurance, this was immediately addressed.

Governance

Article 5: Statement of purpose

A comprehensive statement of purpose was available and the inspector was satisfied that the values and objectives identified in the document were reflected in the practices observed throughout this inspection.

Article 15: Person in charge

The person in charge is a qualified children's nurse and has many years experience of caring for older people with disabilities and psychiatric disorders. She has been in her current full time post for approximately three years. She had good knowledge of the legislation and the standards and facilitated the inspection process by having a folder of relevant documentation and information readily available.

The inspector was told by the person in charge that in her absence, the nurse in charge would attend to any matter and if the absence was prolonged, the operations manager, Rosetta Herr (who previously managed this centre) would take over the day to day responsibility.

During the inspection, both the provider Donal O'Gallagher and the operations manager Rosetta Herr visited the centre and participated fully in the inspection process.

Article 16: Staffing

The inspector checked the staff rota and found that it was well maintained with all staff who work in the centre rostered and identified by their full name. There were adequate staff employed on the day of the inspection to meet the needs of residents. The inspector observed that call bells were responded to promptly and residents said there was sufficient staff on duty to attend to their needs. Residents were complimentary of the staff team and commented on their caring nature.

There were low levels of staff turnover and staff morale was found to be high. Each staffing grade was identifiable by the colour of their uniform and all staff members wore identity badges, stating his/her name and designation. Management provided an on call system for staff working in the centre in the event of an emergency. Staff were able to outline how this operated to the inspector.

From discussions with staff, the inspector found them to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care. They confirmed that they were supported to carry out their work by the person in charge and highlighted her leadership qualities saying she was "approachable" and "open to suggestions made by staff".

There was evidence that staff had access to education and training and were supervised. An audit of staff training had been carried out by the person in charge and a record of all the training participated in by staff had been maintained. Training had been provided in relation to the Authority's standards, moving and handling, fire safety and prevention, food hygiene, infection prevention and control, personal hygiene, first aid, nutrition, best practise in older person's care, care skills and protection of residents from abuse.

Approximately 90 percent of staff had completed training accredited at Further Education and Training Awards Council (FETAC) Level 5. Staff told the inspector that they were also supervised at the commencement of their employment as part of their induction.

Article 23: Directory of Residents

A register of residents accommodated in the centre was formatted in accordance with the information required by legislation. This was examined by the inspector in respect of some of the residents and was found to have been satisfactorily maintained. Such information related to the personal details of residents, their next of kin, the general practitioner (GP), the person authorised to act on their behalf and the dates of admission, discharge or transfer to another centre or hospital.

The practises and systems in place promoted health, rehabilitation and well-being. Each resident had a care plan and those examined by the inspector showed some evidence of the residents' involvement and agreement with the information. For example, one resident signed his care plan. In another care plan, the resident's next of kin signed some of the documentation. A relative communicated to the inspector her involvement in the care planning process by providing information on behalf of her husband regarding his preferences and life prior to being admitted to the centre.

Admission records were maintained although one reviewed by the inspector was not signed by the staff member who admitted the resident.

Care plans contained details of the assessments of residents' dependency, their needs on admission, and subsequently their physical, social and mental health. Objectives of care, treatment plans and nursing interventions were recorded. During conversations with the inspector, staff were knowledgeable and familiar with care plans and residents' needs and preferences.

Risk assessments had been carried out in relation to a number of health care issues for example continence, nutrition, swallowing, accidents and falls. Staff adopted validated tools to risk rate residents, for example the Braden scale was used to identify the risk of developing pressure sores. At the time of this inspection, there were no residents with pressure ulcers. Risk assessments and consent forms were available for residents who used bed rails, although the documentation referred to "cot sides".

Residents were weighed on a monthly basis and a record was maintained. Appropriate action was taken with regard to undue weight gain and loss, for example in one instance a referral had been made to the dietician.

The correspondence to or from the centre relating to residents was retained safely in the residents' personal files. For example, information received following appointments with health professionals such as the dietician, optician and chiropodist were seen to be in place in the care records reviewed.

In the care plans there was evidence of reviews, which assessed the improvement or deterioration in respect of the identified assessed needs of residents. These were seen to have been carried out at a minimum of three monthly intervals and more frequently in response to the changing needs of residents. Residents were not notified of the review of the care plan in all cases as the staff member coordinating the resident's care carried this out. However, where formal reviews with multidisciplinary team working in the centre took place, residents had been very involved.

Up to date photographs of all residents were available.

Article 31: Risk Management Procedures

A risk management policy and procedure was in place. There was a designated health and safety officer and committee who were responsible for the overall implementation of the policy. A notice was prominently displayed inviting more staff onto the committee.

There were a range of risks identified which included behaviours displayed by residents which were challenging and resident and staff accidents. The person in charge was aware of health and safety legislation, risk assessments and managing risks to minimise their impact. A record was maintained of the weekly fire safety inspections together with the actions required to control any risks identified.

During the inspection, the inspector saw an unattended cleaning trolley in the corridor, which had a container of chemical liquid. The person in charge was aware of the risk and appropriate action was taken to store the trolley until the staff member returned. The person in charge assured the inspector that the staff member would receive further training in this area.

There were systems to monitor the quality of care and safety of the residents. The inspector examined the records of accidents and incidents which included all information required by legislation, the nature of the accident/incident, date and time of the occurrence, whether medical treatment was required, the name of the person who was in charge and supervising the residents, and the names and contact details of any witnesses. The information was analysed in order to minimise the risk of future occurrences. In some cases, this entailed introducing new practises, for example, revising a resident's care plan with the agreement of the family.

An emergency plan was in place and staff who spoke with the inspector were familiar with it and knew who to contact and what to do in the event of an emergency, such as a loss of power.

Article 39: Complaints

The complaints' policy and statement of the procedure for managing complaints was examined and found to contain all information required by legislation. It provided information on the making, handing and investigation of complaints and it was prominently displayed on the main notice board. A summary of the policy/ procedure was available in the resident's guide and the statement of purpose.

There was a record of complaints, which was examined by the inspector. This had been satisfactorily maintained and described the details of the complaints, the outcome and action taken as a result of investigation. In discussions with some residents they knew who to complain to if they had any concerns and a relative said she could talk to any staff about her concern and know it would be addressed.

Article 36: Notification of incidents

The person in charge was aware of her responsibility to notify the Chief Inspector of Social Services of incidents, in accordance with the legislation. All notifiable incidents and quarterly reports had been submitted to Authority in compliance with legislation.

Resident Care

Article 9: Health Care

Entries in residents' care plans showed that residents had access to a GP as required and an on call emergency service was available. Allied health professional services, including the physiotherapist, occupational therapist, optician and chiropodist provided their services to residents based on a referral from staff in the centre. There was evidence of communication and input from the dietician in the development of menus for residents with special needs. At the time of this inspection, a physiotherapist was in the centre visiting a resident and in discussion with the inspector was highly complimentary about staffs' ability to implement her professional instructions.

Article 33: Ordering, Prescribing, Storing and Administration of Medicines

A policy to manage all aspects of medication from ordering, prescribing, storing and administering was available and reflective of the practices in the centre. The inspector observed staff in charge of medicines administer these to residents. The system in operation was prepared blister packs supplied by the local pharmacist. The associated documentation identified the prescribed medicines by size and colour, and the dates and times on which they were to be administered to the resident. GPs reviewed residents' medicines on a monthly basis. During this inspection, a pharmacist was in the centre carrying out an audit of medicines. The system for storing controlled drugs was seen to be secure.

One resident received medication via a percutaneous endoscopic gastrostomy (PEG) tube and staff had received dedicated training on how to administer this.

Article 6: General Welfare and Protection

Management had put measures in place to protect residents' from abuse. There was a detailed policy and statement of procedure. The staff training records showed that the principles of elder abuse were included in staff induction. The content of the ongoing training programme on elder abuse which staff had participated in was found to be detailed and comprehensive and included watching a video. Feedback from the staff on the video was positive and during discussion with the inspector, staff were knowledgeable about reporting mechanisms and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Article 20: Food and nutrition

Residents were offered a choice of food for lunch which was nicely presented and had portions appropriate to residents' preferences. Residents were also offered choices in relation to refreshments with the meal.

The dining room was spacious, clean and pleasantly decorated. Tables were attractively set and had a large print menu containing pictures, which assisted some residents to choose their meal. Staff and residents told the inspector that more elaborate menus were printed for special occasions.

A review of the records of a four week menu plan indicated that the food provided gave lots of variety and had good nutritional balance. A dietician had been involved in the development of the menu and in particular for those residents with special needs, for example, one resident had a PEG tube in-situ.

Staff were observed assisting highly dependent residents with their lunch. This was carried out with patience and at a pace which was dictated by the residents.

During the meal, staff talked to the residents and were seen to listen to their responses. Lunch appeared to be an enjoyable social occasion for the residents.

Fresh water jugs, a water dispenser, and glasses/ plastic containers were seen throughout the centre and inspectors observed staff offering residents fluids. Other independent residents were helping themselves to water and juices.

Special diets were planned and prepared for residents with particular needs. Staff received training in nutritional needs for residents with dementia and food hygiene.

Environment

Article 19: Premises

The design and layout of the environment was suitable for residents. It was spacious, brightly decorated and well maintained. Residents were full of praise about the building. They expressed satisfaction with the pleasant outlook from the corridors, communal areas and bedrooms. They considered the modern furnishings pleasant and comfortable. Great emphasis was placed on the safety and beauty of the enclosed garden which was very accessible to all residents and their visitors.

The inspector noted that the centre was clean. Residents and relatives commented on this and told the inspector that it was always clean. The inspector saw cleaning staff at various times throughout the day in different areas of the centre.

Management provided equipment in response to the assessed needs of the residents. Such equipment included standing and lifting hoists, weighing scales, residents' call system and profile beds. The upkeep of these items was in accordance with the manufacture's instructions.

Separate cleaning rooms were not available for catering staff and the laundry area was inadequate for the size of the centre.

Article 32: Fire Precautions and records

The inspector was informed that the external fire exit doors were linked to the fire security system and in the event of a fire they would automatically release. The inspector observed that the fire plan was displayed in various parts of the building and there were magnetic hold open devices on internal doors. A record was maintained regarding the checks made to ensure that the external fire exits were not blocked. None were blocked at the time of the inspection.

Staff had last participated in fire training on 24 February 2010 and fire drills took place twice a year. Staff explained satisfactorily to the inspector how they implemented the procedures.

There was a maintenance contract in place for the upkeep of fire equipment.

Closing the visit

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

Acknowledgements

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

Report compiled by:

Siobhan Kennedy
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

Date: 2 July 2010

Action Plan

Provider's response to inspection report

Centre:	0121
Centre ID:	Carlingford Nursing Home
Date of inspection:	17 June 2010
Date of response:	27 July 2010

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

The cleaning trolley, which contained a chemical liquid, was left unattended in the corridor.

Action required:

Store the cleaning trolley in a safe place when it is not being used under supervision.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Domestic workers are aware of the requirement to keep our cleaning chemicals safe at all times. This was an oversight which has been addressed.</p>	Complete

<p>2. The person in charge is failing to comply with a regulatory requirement in the following respect:</p> <p>A staff member did not sign the admission documentation for one resident.</p>	
<p>Action required:</p> <p>Make sure that the staff member who admits residents signs the admission documentation.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Residents' Care Plan</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The missing signature in question related to an occasion when the document had been re-written and as the author had not been the admitting Nurse she did not feel it was appropriate to sign in her place. The original form is safely stored with the residents other out-dated documentation. However, we have amended this and the form is duly signed.</p>	Complete

<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>There was insufficient lockable storage space in residents' bedrooms for their valuable items.</p>	
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Action required:	
Provide each resident with a lockable storage space in their bedrooms for their valuable items.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All residents' rooms are now fitted with a lockable store.	 Completed.

4. The provider is failing to comply with a regulatory requirement in the following respect:	
There was no separate cleaning room for catering staff.	
Action required:	
Put in place a separate cleaning room for catering staff.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We have identified a room for development into a catering cleaning store.	 We expect this work to be complete by end September 2010.

<p>5. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The sluice room was not used for its intended purpose, as clean hoist slings were stored in it creating a risk of cross infection.</p>	
<p>Action required:</p> <p>Use the sluice room only for the purpose it is intended.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>Hoist slings have been removed.</p>	<p>Complete</p>

<p>6. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>The laundry facilities were inadequate for the size of the centre.</p>	
<p>Action required:</p> <p>Provide adequate laundry facilities.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>The laundry is carried out in three separate rooms each with its own particular function. This system has been in place for some years now and ensures a complete, controlled and safe laundry process.</p>	<p>Although I have no actual commencement</p>

<p>However, we have been granted planning permission for an extension to the building and this will include an extension to our main laundry room.</p>	<p>date, it is expected that the works will be complete within the next 2-3 years.</p>
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Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 2: Consultation and Participation	Terminology used should be respectful of residents and reflective of adulthood.

Any comments the provider may wish to make:

Provider's response:

I wish to thank the inspector for her professional and easy manner throughout the inspection. Our residents and staff commented on how they were put at their ease by her approach.

I am gratified that the hard work and dedication of the team in Carlingford Nursing Home was recognised by the inspector and that the resident's satisfaction with the service delivered at the home was witnessed at first hand.

It is always our goal to strive towards continuous improvement and we recognise the vital role of HIQA to provide us with an external view of our procedures and performance.

Provider's name: Donal O'Gallagher

Date: 27 July 2010.