

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cramers Court Nursing Home
<b>Centre ID:</b>	OSV-0000218
<b>Centre address:</b>	Belgooly, Cork.
<b>Telephone number:</b>	021 477 0721
<b>Email address:</b>	info@cramerscourt.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Inis Ban Limited
<b>Provider Nominee:</b>	Edward Plunkett
<b>Lead inspector:</b>	Geraldine Ryan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	56
<b>Number of vacancies on the date of inspection:</b>	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 announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From:	To:
20 August 2014 09:15	20 August 2014 10:00

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

**Outcome 02: Governance and Management**

**Summary of findings from this inspection**

A single issue inspection was carried out on the 20 August 2014 to establish the current governance and management structure operating in the centre. The lines of enquiry under outcome 2: Governance and management were explored on this inspection.

The person in charge and the provider demonstrated a commitment that systems were in place to ensure that the service provided was safe, appropriate to the residents' needs, consistent and effectively monitored.

The inspector was satisfied that there was satisfactory supervision of the centre to warrant that the care being delivered ensured that the needs of residents were met. No action was generated from this inspection.

**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: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

A single issue inspection was carried out on the 20 August 2014 to determine the status of the current governance and management structure.

The inspector met with the provider and the person in charge (PIC). The provider informed the inspector that he, the general manager/provider and the PIC comprised the senior management structure. The provider stated that the trainee assistant manager worked along with the provider and stated that a mentor-ship programme was being devised for the trainee assistant manager. The provider stated that either he or the PIC were on duty and that an on-call service was in place to provide cover out-of-hours over a seven day period. While the provider acknowledged that the current management structure was considerably leaner than the management structure in place in 2013 (from five persons to two persons), he had engaged the services of a healthcare consultancy to assist in the interim. The provider outlined the status of the current recruitment process.

The person in charge worked full-time and had the skills and experience necessary to carry out his role. He displayed an in-depth knowledge of the residents and their backgrounds.

Subsequent to the inspection, the provider forwarded to the Authority a detailed action plan for the centre concerning the governance and management, clinical management support and of recruitment plans.

Both the person in charge and the provider demonstrated a commitment that systems were in place to ensure that the service provided was safe, appropriate to the residents' needs, consistent and effectively monitored.

The inspector was satisfied that there was satisfactory supervision of the centre to warrant that the care being delivered ensured that the needs of residents were met.

<b>Judgment:</b>

Compliant
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### **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:***

Geraldine Ryan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority