

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cois Abhainn Residential Centre
<b>Centre ID:</b>	OSV-0000583
<b>Centre address:</b>	Greencloyne, Youghal, Cork.
<b>Telephone number:</b>	024 92 765
<b>Email address:</b>	cois.abhainn@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Patrick Ryan
<b>Lead inspector:</b>	Kieran Murphy
<b>Support inspector(s):</b>	Ide Batan;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	21
<b>Number of vacancies on the date of inspection:</b>	11

## **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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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 2 day(s).

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

From:	To:
05 February 2015 10:00	05 February 2015 18:00
06 February 2015 09:00	06 February 2015 14:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

Cois Abhainn was a facility owned and managed by the Health Service Executive (HSE). The centre catered for residents with low dependency/independent residents and offered nursing care on a 24 hour basis. It had 32 beds and provided care for three categories of resident:

- Continuing long term care (25 beds). Admission for continuing care was on an elective basis following a multi-disciplinary evaluation. A resident could also be admitted on referral from the public health nurse, general practitioner (GP), an acute hospital or a community hospital. In general these referrals were assessed by the HSE continuing care placement coordinator and the nursing home support scheme office
- respite/short term care (four beds). These beds were allocated for the planned

admission of persons for short periods of time in order to assist carers in their task of caring.

- convalescent care (three beds). Admission for convalescent care was via the GP, public health nurse or from an acute hospital. These beds were allocated for the admission of persons for short periods of time in order to allow them to recuperate after an illness/injury.

If there was deterioration in a resident's condition and where the care requirements increased then more suitable accommodation was arranged.

A number of questionnaires from residents and relatives were received prior to and following the inspection and the inspectors spoke to many residents and relatives during the inspection. Residents' comments are found throughout the report. The collective feedback from residents and relatives was one of satisfaction with the service and care provided, with one specifically commenting that that "the centre is a wonderful place to be. Residents are treated with courtesy in a very homely and calm environment".

There was an emphasis on making the centre as homely as possible for residents. At the entrance hallway there was a display case with a number of items of interest related to Youghal. As an aid to residents to guide them to their rooms all bedroom doors had been repainted in individual colours. The numbers on the doors had also been placed at eyelevel to assist residents to identify their rooms. There was a newly completed treatment room which afforded residents the opportunity to meet their doctor in private.

Since the last inspection there had been a change in the overall governance structure with a new person in charge and a new provider nominee on behalf of the Health Services Executive (HSE). The person in charge was the acting director of nursing. She was a qualified nurse and had worked in the area of gerontological nursing since 2005. She had engaged in continuing professional development including a certificate in nurse management. The provider nominee was the manager of the HSE community services and was based in St Finbarr's Hospital in Cork.

Improvements were required in a number of areas. Only one of the bedrooms met the minimum floor specifications set out in criteria 25.39 and 25.40 of the National Standards for Residential Care Settings for Older People in Ireland 2009 (the Standards). There was only one shower and one bath which inspectors felt was not sufficient to meet the needs of 32 residents. Other areas for improvement included:

- Quality and safety
- contracts of care
- resident finances
- medication management
- complaints
- end of life care planning.

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

***Outcome 01: Statement of Purpose***

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The statement of purpose described the service and facilities provided. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre.

The statement reflected that care was provided for residents with low to medium dependency needs. Since the last inspection the statement of purpose had been amended to outline the arrangements that would be put in place if a resident's dependency needs increased. Inspectors found the care provided was accurately described in the statement of purpose.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

Since the last inspection there had been a change in the overall governance structure. The statement of purpose clearly outlined both the local management arrangements and the regional HSE management arrangements. There had been one formal meeting about Cois Abhainn between the person in charge and the provider on behalf of the HSE since his appointment but they had also met at regional HSE meetings for directors of nursing every three months.

Since the last inspection a system of quality assurance had been introduced to ensure the service was safe, appropriate and effectively monitored. There was evidence of a systematic analysis of reported adverse events. There were 30 resident falls in 2014 which was over 95% of total reported incidents. Measures introduced in response to these incidents included residents having a falls risk assessment following a fall. A new incident report form had also been introduced with specific comments on actions to prevent the incident happening again. In the risk register for 2015 resident falls had been identified as a risk.

The senior clinical nurse manager had introduced a system of quality assurance reviews which included an audit of nursing documentation. A new nursing care planning system had been introduced in 2015. A new medication administration policy had also been developed. There was also a more formal review on a monthly basis of:

- Medication usage
- slips, trips and falls
- resident dependency levels
- complaints
- incidents

However, there was no formal annual review of the quality and safety of care delivered to residents as required by Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (the regulations).

**Judgment:**

Non Compliant - Major

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

A number of contracts of care were viewed by the inspectors. There were two types of

contract in place. One outlined the services and fees to be payable. However, the other contract did not outline the services and fees payable.

There was a policy on the provision of information to a resident which included the residents' guide. This guide was well presented and contained a summary of services and facilities, the terms and conditions of admission, a summary of the complaints process and the arrangements for visits. Two of the questionnaires received from residents specifically mentioned that the residents' guide gave them all the information they required when considering whether to use this centre.

**Judgment:**

Substantially Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was the acting director of nursing and was appointed in April 2014. In the feedback questionnaires received from residents and their families, one specifically commented that "having met the director of care I was very impressed". The inspectors were satisfied that the person in charge was engaged in the governance, operational management and administration of this centre on a regular and consistent basis.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***  
***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

At the last inspection it was found that a daily record of care was not being kept as required by the regulations. On this inspection the medical and nursing records were comprehensive. The care plans and the record of care provided to residents were accurately documented.

Inspectors reviewed a sample of personnel files and saw evidence of Garda Síochána vetting, references and personal identification in all files. Since the last inspection the staff files contained a recent photograph of the employee.

A directory of residents was maintained in the centre and was made available to the inspectors.

**Judgment:**

Compliant

***Outcome 06: Absence of the Person in charge***  
***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The Authority had been notified of the absence of the person in charge as required by the regulations. The current person in charge was aware of the obligation to inform the Chief Inspector if there was any proposed absence of the person in charge.



The senior clinical nurse manager had responsibility for management of the centre when the person in charge was absent. She was a registered general nurse with over twenty years experience. She had a number of postgraduate degrees including law, gerontological nursing, and end of life healthcare ethics. Based on her qualifications and experience the inspectors were satisfied that the senior clinical nurse manager had the requisite skills and experience in care of the older person to deputise for the person in charge.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The systems in place to safeguard residents' money required improvement. The person in charge managed the finances for a number of residents. There was evidence that residents had consented to the centre being their nominated pension agent. In relation to day-to-day expenses two staff members were not signing for all transactions with the resident. There was an audit system in place to review finances with two internal HSE audits and one external audit each year.

There was a policy in place in relation to prevention detection and response to allegations of residents from being harmed or suffering abuse. The person in charge outlined that there hadn't been any allegations of abuse in the previous 12 months. Residents spoken with by the inspectors stated that they felt safe in the centre and would have no problem reporting any concerns to staff. Both the person in charge and senior clinical nurse manager had specific qualifications in training on the prevention, detection and reporting of abuse. Records showed that all staff had received this training in 2014.

There was a policy on the management of challenging behaviour and there had been no recorded incidents in the previous 12 months. There was no recorded use of any restraint like a bedrail or lapbelt for any resident.

**Judgment:**

Non Compliant - Moderate

***Outcome 08: Health and Safety and Risk Management  
The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

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

**Findings:**

As on the previous inspection the risk management policy was not compliant with the regulations. The policy was the HSE risk register policy and did not contain the measures to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm.

There was a risk register which identified a number of centre specific hazards including:

- Resident falls
- volatile residents
- unexpected death
- security
- fire
- absconsion
- location of the centre
- infection control

The centre safety statement identified other work specific hazards like manual handling, biological hazards and the use of equipment. Each identified hazard had been assessed in accordance with an outline of whether it was a low risk, medium risk or high risk. There were controls in place to manage the identified hazards. Since the last inspection a new internal emergency response procedure had been introduced. This outlined the centre's response to issues like fire, gas leaks, burst pipes and power failure. Action cards were available for each particular emergency.

There was an infection control policy. The centre was visibly clean with a cleaning schedule identifying areas to be cleaned and cleaning frequencies. Multi-task staff were responsible for the cleaning and were knowledgeable in the area of infection control. Feedback from residents included a comment that the centre was "always spotless".

Hand washing facilities were located in the main entrance lobby, and wall mounted alcohol hand gel was available throughout the centre. Records indicated that all staff had received training in relation to hand hygiene. Inspectors visited the laundry room where there was a washing-machine and tumble dryer. The room was small with a cleaning trolley also stored here While staff were aware of infection control principles there was only one entrance/exit into the laundry and clean items was brought from the

laundry past dirty items which was not safeguarding control of infection in the management of laundry. Clean clothes were being folded and stored in the same environment as dirty clothes.

There was a valid fire certificate for the centre dated 9 October 2014. Inspectors saw evidence that suitable fire prevention equipment was provided throughout the centre and the equipment was adequately maintained by means of:

- Servicing of fire alarm system and alarm panel January 2015
- servicing of emergency lighting January 2015
- fire extinguisher servicing and inspection September 2014.

All staff had been trained in fire safety within the last year and there had been fire and evacuation drills with the most recent completed in June 2014. As part of this evacuation drill 25 residents had been evacuated. There was a smoking room available with adequate ventilation and a fire extinguisher available. Any resident who smoked had a smoking risk assessment completed.

**Judgment:**

Non Compliant - Major

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

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

**Findings:**

The centre-specific policy on medication management was made available to the inspectors. The policy had been updated since the last inspection and was comprehensive and evidence based. Since the last inspection a photograph of each resident was available on the medication administration record.

As on the previous inspection there were a number of issues in relation to transcription of prescriptions. In one resident's healthcare file it was recorded that nurses had requested that a particular medication for one resident be reduced. The original prescription had been received from the general practitioner (GP) and written by two nurses to the current medication administration record. However the administration record had not been signed by the GP which was required to prevent the possibility of error. In addition there was no audit of transcribing practice as recommended by An Bord Altranais agus Cnámhseachais (Bord Altranais).

The systems in place for recording and monitoring of medication incidents required

improvement. In a sample of healthcare records seen a number of errors had been recorded in the administration record sheet. However, it wasn't clear what these errors were and they had not been reported as errors. In another resident's administration record it had been recorded that the resident had refused medication on a number of occasions. However these incidents had not been recorded formally as part of a quality improvement process. As outlined later in this report some medication incidents were recorded in the complaints log.

For residents who wished to take their own medication there was a self-medicating assessment form which was completed on admission. There was lockable space available in the bedside locker to store this medication.

The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. Nurses were checking the quantity of medications at the start of each shift.

Inspectors saw evidence that a pharmacist was available to residents on a regular basis. The senior clinical nurse manager outlined the pharmacist was to provide training to all staff on medication management in 2015. Medication for each resident was dispensed by pharmacy on a monthly basis. The dispensed medication was checked by the person in charge and stored in either the locked medication trolley or a locked cabinet.

**Judgment:**

Non Compliant - Moderate

***Outcome 10: Notification of Incidents***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

It is a requirement that all serious adverse incidents are reported to the Authority. A record of all incidents occurring had been maintained and all notifications had been sent to the Authority as required.

**Judgment:**

Compliant

**Outcome 11: Health and Social Care Needs**

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

**Theme:**

Effective care and support

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

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

**Findings:**

Inspectors reviewed a sample of healthcare files for residents who were in long term care and also residents who were on respite/short term care. Each resident had a completed care summary including assessments relating to:

- Risk of falling
- dependency levels
- nutrition
- skin integrity
- smoking (if applicable).

In relation to residents accessing the centre on a respite basis there was evidence in the healthcare records that the placement was coordinated by the public health nurse. These assessments formed the basis of the nursing care plans around the activities of daily living, including communication, safe environment, nutrition and personal care needs. Each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and was reviewed no less frequently than at four-monthly intervals. Since the last inspection there was evidence that nursing care plans were discussed with the residents. In feedback submitted to the Authority prior to the inspection one resident specifically commented that "their care plan was reviewed on each respite stay and updated as necessary".

While all residents had a GP, there was no medical officer or system of medical on-call cover available. Residents accessed their GP in the surgery in the community and medical cover was provided by SOUTHDOC.

In the sample healthcare files seen by inspectors each resident had an assessment in relation to food and nutrition. Nursing care plans based on this assessment identified nutritional needs. The person in charge outlined that referrals for dietetic services were made via the residents' general practitioner (GP). The person in charge outlined that, if required, referrals for speech and language therapy were made via the service in Cork University Hospital. There was evidence in the healthcare files that residents had access to other health professionals like podiatrists and opticians.

The person in charge outlined that if required residents had access to specialist care in

psychiatry, both with residents attending as out-patients in a clinic at the local community hospital and via the community psychiatric liaison nurse who reviewed residents on site. Residents had access to a consultant specialist in elderly care who had an out-patient clinic in the local community hospital every six weeks.

There was evidence that timely access to consultant specialists in acute care was facilitated for all residents. For example, a follow up procedure had been arranged for one resident with a specialist in an acute hospital and reports of the procedure were available in the healthcare record. Another resident specifically commented that they "took part in decisions and plans about my hospital appointments".

There was a policy on temporary absence and discharge of residents. In relation to discharge of residents whose care needs had increased and required transfer to a long term care facility there was a process in place involving multi-disciplinary review. Residents were only discharged if it was deemed safe to do so.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre was designed and laid out over one floor to meet the needs of 32 residents. There was one assisted bath and one assisted shower room for the 32 residents. Inspectors found that having regard to the number and needs of the residents this was not sufficient.

Bedroom accommodation consisted of

- 17 single rooms which were 8.5 m<sup>2</sup>
- 2 single rooms 8.4 m<sup>2</sup>
- 1 single room 13.6 m<sup>2</sup>
- 2 three-bedded rooms which were 26.6 m<sup>2</sup>
- 2 three-bedded rooms which were 25.6 m<sup>2</sup>

The 10 female single bedrooms were located on the left side of the building with a block

of three female toilets. The nine male single rooms were located along the right corridor and there was a bathroom with two toilets and a urinal. Further toilets were provided in the bathroom and in the entrance lobby. Along the back corridor there were the four shared three-bedded rooms and also one single room. All of the single bedrooms had sufficient storage space, a wash-hand basin and an armchair. The three bedded rooms each had a wash-hand basin and a separate toilet and there was screening of each bed for privacy.

The HSE community infection control team had undertaken an infection control audit in January 2015 and found that the grab rails by the shower were rusted and needed replacing. It was recommended that shower room be converted to a wet room where the floor was slanted to allow the water to flow out through a covered drain. This HSE audit had also identified storage deficiencies in relation to a large cabinet in the sluice room and the storage of the cleaning trolley in the laundry room obstructing access to the laundry machines. It found there was also inappropriate storage of cleaning floor mop handles in the shower room. The HSE audit had also recommended replacement of urine bottle drainage rack in the sluice room. The person in charge outlined that these recommendations had been communicated to the provider nominee. The person in charge also pointed out a trip hazard in relation to the floor in the dry goods storage area.

Communal accommodation comprised of one main lounge room, a quiet room, the Cairdre room, for relaxing and reading and a large dining room. Handrails were available throughout to assist residents with walking.

**Judgment:**

Non Compliant - Major

***Outcome 13: Complaints procedures***

***The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a complaints policy, a copy of which was on display at the entrance to the centre.

Inspectors reviewed the complaints log and found that there had been four recorded complaints in January 2015. There had been 24 in total in 2014 which ranged from the tea not being hot enough to a nebuliser not working properly. There were details of corrective action being taken in all cases. However, the complaints log didn't record

whether or not the complainant was satisfied with the outcome of the complaint.

The complaints log for 2014 also contained a record of four medication errors.

- Medication was a generic type rather than a brand name and was upsetting the resident's stomach
- resident refusing to take additional medication
- resident refused medication
- eye-drops were not administered at the correct time.

The senior clinical nurse manager indicated that these medication errors were to be recorded on the incident reporting system from 2015 onwards.

**Judgment:**

Substantially Compliant

***Outcome 14: End of Life Care***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

At the time of inspection there were no residents receiving end-of-life care. A comprehensive policy and operational procedures for end of life were in place dated January 2015. There was an oratory with ample seating for residents to attend services or for reflective time.

Engagement with residents and their family members at end of life was described by the person in charge, with medical and palliative care teams available to residents and family as required. The Health Service Executive (HSE) palliative care team offered guidance as required in respect of appropriate management of illness should the need arise. This service provided onsite visits and advice via telephone. Documentation such as the care plans of a deceased resident reviewed by the inspectors indicated that symptom control was effective for residents to ensure adequate pain relief and comfort at end of life.

The inspectors were informed that, if a resident's condition deteriorated rapidly and if the resident wished to stay in the centre, every effort would be made to facilitate and optimise the resident's quality of life. The centre had a majority of single bedrooms. Inspectors reviewed a care plan of a deceased resident and saw that clinical decisions regarding care and treatment at the end of life were recorded.



There was some evidence of engagement and consultation with residents regarding spirituality and dying. However not all residents had an end of life care plan. The person in charge agreed with this and stated that this was work in progress.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre once per week. Residents also had the option of attending religious services in the local community if they wished. Residents had access to ministers from a range of religious denominations should these services be required.

Inspectors saw that in the sample of care plans reviewed most residents had identified that they wished to end their life in the centre as it was their home. There was a policy for the return of personal possessions. The inspector was told that all belongings are recorded and returned following the death of a resident.

Training records indicated that eight staff had completed training in end of life which was accredited by the Irish Hospice Foundation. Further training dates had been planned for June 2015. The clinical nurse manager also provided in-house training in end of life care as she had completed a postgraduate in end of life care.

**Judgment:**

Substantially Compliant

***Outcome 15: Food and Nutrition***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a policy on food and nutrition. A new chef had recently been appointed and residents were very complimentary about the standard of food and choice offered. The inspectors spoke with the chef who oversaw the preparation and serving of meals. She was knowledgeable about residents' specific dietary requirements and there was a communication board available in the kitchen area outlining particular residents' likes and dislikes. The chef had recently completed food services training

There was a separate kitchen which had suitable and sufficient cooking facilities. The dining room was a large room adjacent to the entrance hall and the tables were set prior to meals. There was a choice of at least two meals available at mealtimes. The meals were well presented and an appropriate number of staff were available to provide assistance if required. Multi-task staff outlined to inspectors that they were also

responsible for helping with food preparation and provided assistance to residents at mealtimes. There was a refreshment table in the main day room with juice and snacks available. Tea trolleys were available in the morning, afternoon and evening.

The most recent Environmental Health Officer report was available. A food hygiene training course had been undertaken by all multi-task staff.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***  
***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There were communication guidelines available and each resident's communication ability was assessed on admission including speech, vision and hearing. There was evidence in resident files of appropriate review by an optician.

Inspectors saw evidence that residents were consulted about how the centre was planned and run. There was a residents committee with the most recent meeting taking place in February 2015. The minutes were available from the meeting and issues discussed included the HIQA inspection, food/menus and staffing including the use of agency staff.

In the sample of healthcare files seen by inspectors residents had a recreation assessment which outlined their interests for example gardening, visiting friends and walking. Each resident had a "key to me assessment" which included personal and family information, previous occupation and an outline of interests and hobbies.

While there wasn't a full time activities coordinator there was a schedule of activities including sing-a-long and exercise. On the day of inspection a staff member had come in on her own time to play music for the residents. Residents outlined to inspectors that they could go into town if they wished and a number of residents went to local shops and the church. Residents also attended their own GP in the community.

The person in charge outlined a number of innovative activities currently being run including a six week pottery course and the possible introduction of pet therapy. The

pottery course was being run by the Youghal Family Centre with the help of a community grant. At the end of the six weeks it was planned to have a tea party to display the pieces. The pet therapy involved bringing in trained dogs to help create a relaxing environment for the residents. There was an internal courtyard garden which was open to residents throughout the year. The garden was well maintained and one resident commented that it was "lovely to sit out in the summer".

Open visiting was facilitated with one resident saying that "family can come to see me at any time day or night". This was evidenced during the inspection with several visitors calling throughout the morning and afternoon. There were a number of areas throughout the centre where each resident could receive visitors in private.

There was closed circuit television (CCTV) on the front external doors but not in communal areas.

**Judgment:**

Compliant

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

A list of property and possessions was made for each resident on admission and updated as necessary. Some residents didn't want a list of their property and this wish was recorded in the notes.

Staff explained the laundry process with clothes for residents being washed on site and returned to residents when clean.

Inspectors saw personalised living arrangements in resident's rooms with photographs and personal effects. There was adequate space to store clothes and person possessions.

**Judgment:**

Compliant

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

Based on the review of the staff rota, inspectors were satisfied that there were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. Staff included at least one staff nurse at all times.

Staff confirmed to inspectors that they had been facilitated in accessing continuing professional education by the provider. There was a training programme in place and all staff had received mandatory training as required by the regulations. All nursing staff were on the live register with An Bord Altranais and eight multi-task attendants had completed the Further Education and Training Awards Council (FETAC) level five qualification in healthcare.

There were a number of volunteers assisting with activities, including retired staff and current staff members on their own time. The person in charge confirmed that each volunteer had completed a garda vetting process and was supervised and supported at all times.

**Judgment:**

Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Kieran Murphy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate



### Action Plan

#### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Cois Abhainn Residential Centre
<b>Centre ID:</b>	OSV-0000583
<b>Date of inspection:</b>	05/02/2015
<b>Date of response:</b>	27/05/2015

#### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Outcome 02: Governance and Management

##### Theme:

Governance, Leadership and Management

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

There was no formal annual review of the quality and safety of care delivered to residents as required by Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (the regulations).

##### Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

A quarterly review has been completed, and at the end of the year, an annual review will be completed.

**Proposed Timescale:** 31/12/2015

**Outcome 03: Information for residents**

**Theme:**

Governance, Leadership and Management

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

All contracts did not outline the services and fees payable.

**Action Required:**

Under Regulation 24(2)(a) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.

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

Residents who have signed older contracts of care are being asked to sign the newer contract of care to include services and fees payable.

**Proposed Timescale:** 30/07/2015

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Two staff members were not signing for all financial transactions with the resident.

**Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Two Staff members are signing for all financial transactions.

**Proposed Timescale:** 27/05/2015

## Outcome 08: Health and Safety and Risk Management

### Theme:

Safe care and support

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

Risk management policy was not centre specific and did not contain the measures to identify hazards or to control hazards including abuse, unexplained absence of a resident, injury, aggression and self harm.

### Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Risk policy completed and in place.

**Proposed Timescale:** 27/05/2015

### Theme:

Safe care and support

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

There was only one entrance/exit into the laundry and clean items was brought from the laundry past dirty items which was not safeguarding control of infection in the management of laundry.

### Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

New baskets have been purchased & labelled to ensure no contact is made between clean & dirty clothes. Clean laundry items are taken directly from the drier and placed into the labelled basket, that is for the sole purpose of clean clothes only. The dirty clothes are placed on the left side of the room & clean clothes on the right side of the room, to ensure no crossover.

**Proposed Timescale:** 27/05/2015

### Theme:

Safe care and support

### The Registered Provider is failing to comply with a regulatory requirement in



**the following respect:**

Clean clothes were being folded and stored in the same environment as dirty clothes.

**Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Separate baskets are available & are labelled to ensure no contact will be made between clean & dirty clothes. All clean clothes are now folded in an area separate to that of the area of the dirty clothes.

**Proposed Timescale:** 27/05/2015

**Outcome 09: Medication Management****Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Transcribed prescriptions had not been signed by the GP which was required to prevent the possibility of error.

**Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

A letter will be sent to all GP's requesting they sign the transcribed prescriptions on their next visit after faxed prescriptions received.

**Proposed Timescale:** 31/05/2015

**Outcome 12: Safe and Suitable Premises****Theme:**

Effective care and support

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

Shower and bathroom facilities were inadequate with only one shower and one bath for 32 residents.

**Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

An additional wet room will be provided by converting the existing single bedroom.

**Proposed Timescale:** 30/01/2016

**Theme:**

Effective care and support

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

There were storage deficiencies in relation to a large cabinet in the sluice room and the storage of the cleaning trolley in the laundry room obstructing access to the laundry machines. There was also inappropriate storage of cleaning floor mop handles in the shower room.

**Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Plan in place to remove to relocate the large cabinet in the sluice room. The cleaning trolley will be removed & mop handles have now been removed from the shower room.

**Proposed Timescale:** 30/06/2015

**Theme:**

Effective care and support

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

The grab rails by the shower were rusted and needed replacing.

**Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The grab rails will be replaced when the present shower room is converted to a wet room.

**Proposed Timescale:** 31/01/2016

**Theme:**

Effective care and support

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

There was a trip hazard in the floor in the dry goods storage area.

**Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The trip hazard will be repaired.

**Proposed Timescale:** 30/06/2015

**Outcome 13: Complaints procedures****Theme:**

Person-centred care and support

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

The complaints log didn't record whether or not the complainant was satisfied with the outcome of the complaint.

**Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

A section was added to the complaint form on the day of inspection for evidence of satisfaction of complainant.

**Proposed Timescale:** 27/05/2015

## Outcome 14: End of Life Care

**Theme:**

Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Not all residents had an end of life care plan.

**Action Required:**

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

A nurses study day was held on 19th March which included discussion on completing the end of life care plan and all staff are to attend "It Matters to Me" study day in Marymount as the study days occur and staff can be released.

**Proposed Timescale:** 31/12/2015