

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cedar House Nursing Home
Centre ID:	OSV-0000023
Centre address:	35 Mount Anville Park, Goatstown, Dublin 14.
Telephone number:	01 2831024
Email address:	cedarhouseadministration@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cedar House Nursing Home Limited
Provider Nominee:	James Bergin
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	3

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 21 March 2016 10:30 To: 21 March 2016 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This inspection was unannounced and the purpose of this inspection was to monitor ongoing regulatory compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspector found that the action plans from the last inspection on 24 June 2014, apart from one had been fully addressed by the provider. One outstanding action related to the provision of an annual report relating to the quality and safety of care at the designated centre had not been completed to date and remains outstanding.

Residents spoken with expressed satisfaction with all aspects of care provided. Those spoken with on inspection praised the staff and confirmed that they enjoyed the quality of life and service provision at the centre.

The centre was found to be in full compliance with 6 of the 10 outcomes inspected against. Two outcomes were substantially compliant, staffing and documentation.

There were two moderate non-compliances in health and safety and risk management and governance and management.

The action plans at the end of this report reflect the non-compliances found and the improvements required. Four actions are for the responsibility of the provider and one is the responsibility of the person in charge.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that the statement of purpose (October 2013) provided on the day of the inspection contained all of the Schedule 1 information as required by the regulations. This clearly described the range of care needs that the designated centre intended to meet both long and short term. All information was still current, however, a minor update was required relating to the recent change in the named deputy nurse, this will be reviewed at the forth coming registration inspection.

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:

Overall the inspector found that there were effective management systems in place and sufficient resources available to ensure the delivery of safe, quality care services. The annual review of the quality and safety of care as required by Regulation 23 had not been completed at the time of the inspection as outlined to the provider at the time of the last inspection. However, aspects of the audit and review to complete this review were in progress.

There was a clearly defined management structure in place, and staff were familiar with the reporting structure within the centre. The person in charge was on duty on the day of the inspection and demonstrated a resident centred approach to care. Improvements were required to documentation as outlined in Outcome 8, and implementation of fire safety risk controls. Management meetings took place issues discussed were staff training, falls, complaints, and audits of infection control, health and safety, catering, medication management, and clinical documentation. Surveys of resident and relative satisfaction had also been conducted.

The registered provider had not conducted an annual review for 2015 of the quality and safety of care delivered to residents to ensure that the care being delivered within the centre was in accordance with relevant standards set by the Authority. The provider was requested to submit the completed report by 30 April 2016.

Judgment:

Non Compliant - Moderate

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 had not changed since the time of the last inspection, she is a registered nurse and worked full time within the centre. The person in charge had been interviewed previously by the Authority and she was deemed to have the required knowledge and experience to hold the post of person in charge. She was knowledgeable about each residents' nursing and social care needs, and had completed a post graduate qualification in gerontological nursing and kept her continuous professional development

up to date.

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:
The inspector was satisfied that the records listed in schedules 2, 3 and 4 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Improvements had taken place since the time of the last inspection in terms of care planning to inform and guide practice. The inspector reviewed a sample of care plans and found they were up to date and written in a person centred manner and clearly guided practice for implementing assessed care needs.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. The nutrition and end of life care policy had been updated since the last thematic inspection. Changes in the medication procedures prompted a review of the medication management policy to align policy with practice. However, a number of the centres' other written policies required review and the person in charge acknowledged that this work had commenced. For example, the risk management policy, falls management and safeguarding policy.

The inspector found there were systems in place to ensure that all records relating to residents and staff would be maintained in a secure and confidential manner, and an electronic record keeping system was operational.

Judgment:
Substantially 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 person in charge had not been absent for 28 days which would have required notification by the provider. The provider informed the inspector that the deputy manager had left her post approximately six months prior to this inspection. The centre is in the process of identifying a staff member to undertake this role. In the interim a senior staff nurse is always on duty in the absence of the person in charge, the inspector formed the view that due to the size of the centre this was appropriate. The provider undertook to inform HIQA of details the new deputy manager when one was appointed.

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:

Measures were in place to protect and safeguard residents which included a policy on, and procedure in place for, the prevention, detection and response to abuse. Residents told inspectors that they felt safe and well supported by all staff, with their independence and choice always respected.

There were systems in place to ensure that incidents, allegations or suspicions of abuse were recorded and appropriately investigated. Training records provided evidence that

all staff had attended training on safeguarding, which included information on the types of abuse and responding to allegations of abuse. Staff interviewed were able to describe their duties and responsibilities were if they suspected abuse, how to respond in line with the written policy and best practice. However, the written policy was in the process of being updated did not reference the national policy published in 2015. There was a system in place to ensure incidents, allegations or suspicion of abuse were appropriately recorded and investigated, and that measures were put in place to ensure residents' safety.

A restraint free environment was promoted with relevant policies and procedures informing practice. The number of bed rails in use was low with one resident using two bed rails and five residents using a ramble guard sensor safety system. Residents had been provided with low-low beds and crash mats as alternative. The use of bed rails was reviewed and risk assessed on a regular basis and residents were involved in any decisions about the use of bed rails.

There was a policy on responsive behaviours and staff had training to support the implementation of the policy. However, there were no residents with responsive behaviours identified to the inspector on the day of the inspection. Staff had clear guidance as to recognise any signs of delirium or other behaviours of concern.

Judgment:

Compliant

***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):

No actions were required from the previous inspection.

Findings:

There was a system in place to ensure that the health and safety of residents, visitors and staff is promoted and protected. However, while aspects of the safety management system were fully implemented, some improvements were required relating to fire safety management and policy review of falls and risk at the centre.

A safety statement was in place and it related to the health and safety of residents, visitors and staff. The inspector found the written safety statement had not been comprehensively updated since 2013. The provider confirmed plans were in place to address this.

The inspector read the risk management policies which were developed in line with the regulations and guided practice. They included the policies on violence and aggression,

assault, residents going missing, self-harm and accidental injuries to residents and staff.

The risk register contained a number of environmental risks and control measures to mitigate risk. For example risks associated with smoking, absconding, and falls prevention and management. Risk controls relating to fire safety were not fully implemented in terms of the use of door wedges at the centre in on three residents bedroom doors. This practice was discontinued on the day of the inspection following discussion with the provider and person in charge. The inspector observed that all internal fire doors were unobstructed at the completion of the inspection.

The person in charge had some arrangements in place for investigating and learning from incidents. For example slips, trips and falls and overall the number and nature of incidents was low, and the staff response was timely in terms of prevention, and management of any slips trips and falls. A detailed audit programme which is overseen by clinical governance was not in place, however, the person in charge had full oversight of actions to mitigate risks identified. As outlined in Outcome 5 a policy review was required which included the risk management policy and falls management policy. The person in charge had reported a small number of serious incidents as required by the regulations in a timely manner, and provided additional satisfactory information when requested by the inspector.

The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedure to follow in the event of an emergency. For example, it identified alternative accommodation where residents may be relocated too should a full evacuation of the centre be required.

The inspector viewed the fire training records and found that staff had received up-to-date mandatory fire safety training and this was confirmed by the person in charge. He had arranged for a person experienced in fire safety management to carry out the training. The inspector viewed fire records which showed that the fire equipment had been serviced. The inspector found that all internal fire doors were unobstructed during the inspection.

Fire evacuation procedures are prominently displayed throughout the building. The fire alarm is serviced on a quarterly basis and fire safety equipment is serviced on an annual basis. All staff on duty were trained in fire safety management. Fire records are kept which include details of fire drills, fire alarm tests, emergency lighting and fire fighting equipment. Smoke detectors and fire blankets were in place.

A review of staff training records indicated that the current staff on the roster had been trained in moving and handling, and this was confirmed by the person in charge. Plans were in place for staff who required refresher training and actioned by the person in charge.

The inspector found that there were measures in place to control and prevent infection. Training had been provided to all staff, and they had access to supplies of gloves, disposable aprons, hand wash basins and alcohol hand gels which were available discretely throughout the centre.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Residents were protected by the centre's policies and procedures for medication management. Medicines were supplied to the centre by a retail pharmacy business in a monitored dosage system which was appropriate. Medicines were stored securely in the centre in a medication trolley or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked metal cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift.

The inspector observed nursing staff administering medicines to residents during the lunch time administration round. The nurse knew all the residents well, and was familiar with the residents' individual medication requirements. Inspectors observed that the nurses took time to greet each resident, ensuring they were comfortable before administering their prescribed medicines. Nurses were observed to use alcohol hand gels appropriately throughout the process. Medication administration practices were found to adhere to current professional guidelines.

Medication management audits were conducted within the centre as part of the quality and clinical governance system in place. Staff confirmed that pharmacists from the pharmacy who supplied medicines to the centre were facilitated to visit the centre and meet their obligations to residents as required by the Pharmaceutical Society of Ireland. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines.

The inspectors reviewed a number of the prescription and administration sheets and identified that practices conformed with appropriate medication management practice.

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:

The inspector found that each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied healthcare. There were also opportunities for residents' to engage in meaningful activity. Residents who spoke with the inspector were very positive in their feedback about staff, and service provision.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual care plans with evidence of resident involvement at development and review.

The inspector reviewed a sample of residents' health care plans which considered assessed need in relation to areas such as dental care, cognitive deficit, sleep patterns, short term medical interventions, skin care and wound management. Resident's could access medical specialists as required, for example plans evidenced recent visits to or by audiology, optician, physiotherapist, occupational therapy. Residents' had access to a General Practitioner as required. Resident's were also supported to maintain their own GP as requested.

Staff used validated tools to assess levels of risk of deterioration, for example vulnerability to falls, dependency levels, nutritional care and cognitive impairment. There was evidence that care plans were reviewed every three months or more frequently if required. Training relating to end of life care, journey of change and spirituality had been implemented. The inspector also observed that the food and nutrition policy was fully implemented, and residents weights were closely monitored by staff, and referrals made to dietitian or speech and language therapist where indicated.

Each resident had opportunities to participate in meaningful activity and the activity programme was based upon the residents' interests and hobbies. Residents confirmed they enjoyed various activities during the inspection, and maintained their involvement in their community. In addition, other therapists were brought in to support the activities programme, this included the exercise programme

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):

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

Findings:

There were appropriate staff numbers and skill mix to meet the needs of residents on the day of the inspection. The inspector also reviewed the actual and planned rota and found that there was enough staff on duty seven days per week to meet the specific needs of residents outlined in the statement of purpose while taking into account the size and layout of the centre. Two registered nurses (including the person in charge) and four care assistants were on duty at the commencement of the inspection. The general manager was also working at the centre. Additional staff on duty included the catering-chef and two kitchen assistants, housekeeper, and receptionist.

Staff have up-to-date mandatory training. They also have access to other education and training to meet the needs of residents as outlined the statement of purpose. Staff had received a broad range of training suitable to meet the assessed needs of residents. For example, end of life care, wound care management, infection control, journey of life, dysphagia, the use of the malnutrition universal screening tool and dementia care. As outlined during the inspection some aspects of the falls management policy and training needs were identified by the inspector during the course of the inspection, as there had been no training in this area completed in recent years.

The training plan for 2016 was discussed with the person in charge and the inspector and planning was found to be satisfactory.

The person in charge provided an overview of how staff will be supervised appropriately and how staff are recruited, selected and vetted in accordance with best recruitment practice.

At the time of inspection there were no volunteers in place but the person in charge was aware of the vetting procedures that need to be in place should volunteers become part of the team.

There is a recruitment policy in place and the inspector was satisfied that staff recruitment was in line with the regulations. All relevant members of staff have an up-to-date registration with the relevant professional body.

There is a good system of formal supervision and appraisal in place. The person in charge said that he has a system of supervisory meetings planned for each staff discipline. He also had a process of staff appraisal in place for implementation where staff would also have an opportunity to request additional training relevant to their role.

Systems were in place to provide relief cover for planned and unplanned leave. The person in charge said that staff cover will be provided from within the existing staff compliment to ensure consistency in providing care.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on the residents' condition.

The inspector observed all staff interacting with the residents and person in charge in a professional and respectful manner.

The number and skill mix of staff on duty is subject to constant review by the person in charge or her deputy.

Judgment:

Substantially 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:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate



Action Plan

Provider's response to inspection report¹

Centre name:	Cedar House Nursing Home
Centre ID:	OSV-0000023
Date of inspection:	21/03/2016
Date of response:	17/05/2016

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 annual review of quality and safety completed to date.

1. 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 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.

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

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

Annual review completed and submitted on 13/05/2016.

Proposed Timescale: 13/05/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The designated centres' policies required review and updating including safeguarding policy, falls management and risk management policy.

2. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Falls management; risk management and safeguarding policies will be reviewed and updated.

Proposed Timescale: 13/08/2016

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:

An up to date safety statement and safety management system was not in place at the time of the inspection.

3. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

Safety statement reviewed and updated April 2016.

Proposed Timescale: 13/05/2016

Theme:

Safe care and support

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

Three resident doors were observed to be wedged open on the day of the inspection.

4. Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

All wedges removed. Tension on door closer arm reduced so door does not close so swiftly.

Proposed Timescale: 13/05/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Training in falls prevention and management had not been provided for key staff members.

5. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Falls management training will be provided for key staff members.

Proposed Timescale: 13/09/2016