

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cluain Arann Welfare Home
<b>Centre ID:</b>	ORG-0000674
<b>Centre address:</b>	Avondale Crescent, Tipperary Town, Tipperary.
<b>Telephone number:</b>	062 52186
<b>Email address:</b>	denise.flynn@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Bridget Farrell
<b>Person in charge:</b>	Patricia Tobin
<b>Lead inspector:</b>	Louisa Power
<b>Support inspector(s):</b>	None
<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>	2

## 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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
04 March 2014 08:50	04 March 2014 17:20
05 March 2014 07:20	05 March 2014 14:50

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
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**

This was the fourth inspection of the centre by the Authority. The application made to the Authority was to include the 10-bedded community nursing unit as part of the designated centre. As part of the inspection process, the inspector met with residents, relatives, visitors and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, risk management documentation and staff records. The documentation submitted by the provider was also reviewed prior to the inspection.

Previous inspection findings were poor but the inspector noted that the extensive improvements required had been satisfactorily implemented. The previous inspection was undertaken on 28 February and 1 March 2013. The inspection report and provider's response to the action plan can be found on [www.hiqa.ie](http://www.hiqa.ie).

The inspection findings were satisfactory. The inspector concluded that the providers operated the centre within the parameters of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and was substantially compliant in 11 out of 18 outcomes. Moderate non-compliance was found in four outcomes and minor non-compliance in one outcome. The required improvements are set out in detail in the action plan at the end of this report and include :

- a review of the statement of purpose
- risk assessments for residents who smoke
- medication management practices
- minor improvements to the premises
- resident involvement in care plan reviews
- complaints procedure
- maintenance of an up to date list of residents' personal possessions
- formal staff supervision
- supervision of residents.

**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 2009 (as amended) 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:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Minor

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

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

**Findings:**

The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. The statement of purpose was made available for residents and staff to read. The inspector noted that the statement of purpose had been reviewed in September 2013 to include the community nursing unit.

The written statement of purpose described a service that provided care in "a safe, caring and welcoming environment" as well as promoting "independence, health and well-being" of residents. The inspector observed that the ethos as described in the centre's statement of purpose was actively promoted by all staff.

However, not all items listed in Schedule 1 of the regulations were detailed in the statement of purpose, namely telephone number of the centre and the gender of residents to be accommodated in the community nursing unit.

**Outcome 02: Contract for the Provision of Services**

*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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

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

**Findings:**

The inspector reviewed a sample of residents' contracts of care across both areas and noted that all residents had a contract of care in place. These contracts were signed and dated by the resident or their representative within one month of admission. The contract set out the services to be provided. All fees relevant to care and accommodation were included in the contract. Details of any services that may incur an additional charge and the relevant charges were included.

**Outcome 03: Suitable Person in Charge**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

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

**Findings:**

The inspector was satisfied that the centre was managed by a suitably qualified and experienced nurse.

At the time of inspection the person in charge was on long term leave. There was an arrangement in place for the clinical nurse manager to act up and deputise for the person in charge in their absence.

The inspector found the acting person in charge was a qualified nurse with experience in care of the older person. The acting person in charge has worked at the centre since 2000 and is employed full-time. She regularly audited the care provided to residents. She managed the centre with accountability and responsibility and was aware of the Regulations and the requirements. While speaking to inspector, the acting person in charge demonstrated knowledge of residents, their care needs and a strong commitment to ongoing improvement of the quality of the services provided. She was seen and reported to be visible, accessible and effective by staff, residents and relatives.

There were regular staff meetings and daily handover meetings with night and day staff which she attended. She continued her professional development having recently attended training in areas such as end of life care and nutrition. The acting person in charge had completed a higher diploma in risk management.

**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Findings:**

The inspector saw that records were well maintained, complete, accurate, stored securely and the information required was easily retrievable.

The residents' directory was up to date and contained all matters referred to in article 23.

Records listed in Schedule 4 to be kept in a designated centre were all made available to the inspector.

The inspector viewed a sample of the residents' medical records (Regulation 25) and noted that the records were up to date and contained all of the required elements.

The resident's guide contained all the required information and the inspector saw that copies were made available to residents and prospective residents.

The inspector reviewed the operating policies and procedures and noted that policies were reviewed on an ongoing basis. The centre-specific policies reflected the care given and informed staff with regard to evidence-based best practice or guidelines.

Reports and documentation relating to the other inspections (fire/food safety) were maintained.

**Outcome 05: 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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

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

**Findings:**

The inspector was satisfied that any absence of the person in charge for a period of time had been notified in writing to the Authority along with suitable alternative arrangements for their cover as required by the Regulations.

The person in charge was on leave for longer than 28 days and this had been notified to the Authority. As detailed in Outcome 3 above, a clinical nurse manager was appointed as acting person in charge.

**Outcome 06: 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.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

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

**Findings:**

The acting person in charge and all the staff spoken with confirmed that there had been no incidents of alleged, suspected or reported abuse in the centre.

The centre-specific policy on the prevention and management of abuse were made available to the inspector. The inspector noted that the comprehensive policy had been reviewed in July 2013.

Training records reviewed indicated that all staff had attended education and training on the protection of vulnerable residents. All staff spoken with had a clear understanding of the subject and their reporting responsibilities.

The inspector saw that the staff took time to engage with the residents and the residents were relaxed in the company of the staff. Staff with whom the inspector spoke demonstrated interest in promoting the safety of the residents. The inspector interacted with the residents throughout the inspection and residents spoke of the "kind" staff and that they feel safe living in the centre.



The inspector was satisfied that there were transparent systems in place for the management of residents' finances. Given the admission criteria, residents continued to manage their own affairs. The inspector spoke with residents who demonstrated a clear understanding of how to manage their money safely and effectively.

## **Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

### **Theme:**

Safe Care and Support

### **Judgement:**

Non Compliant - Moderate

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

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

### **Findings:**

Overall there was evidence that the provider was committed to protecting and promoting the health and safety of residents, staff and visitors and significant improvements were seen in fire practices.

There was a health and safety statement in place which was last reviewed in January 2013. This outlined general aims and objectives in relation to health and safety within the centre and nominated a safety representative. The health and safety statement was augmented by a risk management policy which outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk. The risks identified specifically in the regulations were included in the risk register. There was evidence that risk assessments had been implemented in practice and were kept under continual review. An audit on the risk register had been completed by the provider in October 2013.

There was an emergency plan in place which was reviewed in July 2013 and covered events such as loss of water, power outage and extreme weather.

The inspector saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating accidents. The acting person in charge was seen to liaise with the local Clinical Risk Manager. However, the inspector noted that remedial actions to prevent recurrence were not documented in the majority of incident forms.

The inspector observed that there was suitable fire equipment provided and there was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. All staff employed receive annual fire training on an ongoing basis and fire wardens had received the appropriate annual training. Staff demonstrated good

knowledge on the procedure to follow in event of a fire, including phased evacuation of residents and the availability of safe areas and compartments. The fire alarm is serviced on a quarterly basis, most recently in February 2014. Fire safety equipment was serviced on an annual basis. Fire drills take place twice a year and all staff had attended a fire drill since the last inspection. Records of weekly fire checks were made available to the inspector. Residents demonstrated knowledge in fire safety and the procedure to follow in the event of a fire.

A designated smoking area was provided for residents. The smoking area allowed for supervision, was mechanically and externally ventilated and equipped with fire fighting equipment. Individualised risk assessments had not been completed for residents who smoke.

The training matrix was made available to the inspector which confirmed that all staff were trained in the moving and handling of residents. Staff demonstrated a good understanding of the use of the hoist and contemporary moving equipments. Lifting equipment was serviced in line with manufacturer's guidelines.

Hand rails and grab rails were installed throughout the centre but there were no grab rails installed to assist residents who wish to exit into the garden area.

Infection control practices were guided by national policy. Staff demonstrated good knowledge in infection control procedures. There was a contract in place for the disposal of clinical waste and records were maintained of removal and transport. Hand washing and sanitising facilities were readily accessible to staff and visitors. Designated hand washing facilities were provided in the laundry and sluice rooms. Access to high risk areas, such as the sluice, laundry and treatment room, was seen to be restricted at all times. Clinical staff stated that they had access to sufficient personal protective equipment such as aprons and gloves. Personal protective equipment was seen to be available in the laundry.

The inspector spoke with staff members who complete cleaning tasks. There was evidence of a regular cleaning routine that adequately prevent against cross contamination.

### **Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

The inspector noted that there were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. These policies were comprehensive, centre-specific and had been reviewed in July 2013 in consultation with the pharmacist.

The inspector saw that there was a designated locked area for the storage of medication on the nursing unit. However, the inspector noted that medications used in an emergency situation, such as a cardiac arrest, were stored in an unsecured location.

Storage of controlled drugs was safe and in accordance with current guidelines and legislation. However, the inspector saw that returns of unused controlled drugs to the pharmacy were not documented in the controlled drugs register and the running balance was therefore incorrect.

Medication management training was facilitated regularly by the pharmacist.

The maximum dosage of medications administered on a PRN (pro re nata or 'as required') basis was stated and PRN medications were not administered on a regular or routine basis.

The inspector noted that nurses did not transcribe medication prescription records and this is in line with the centre-specific policy.

Medication prescription sheets were current and contained many of the required elements. However, the inspector saw that the name and address of the GP and a recent photograph was not included in some medication prescription sheets.

Medication administration sheets contained the signature of the nurse administering the medication, identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications.

A review of each resident's medication regimen was undertaken and documented by the relevant GP on an ongoing basis.

All the residents living in the Sheltered Accommodation section at the time of the inspection were self-administering their medicines aided by a monitored dosing system. The inspector found that systems supporting the safe management of self-administration of medications had been reviewed and were sufficiently robust to ensure safe practice. An explicit formal assessment establishing the residents' willingness and capacity to self-administer their medication and the level of support or supervision required was made available to the inspector. The inspector saw that this assessment was reviewed every three months or more frequently if changes occurred. The inspector noted that medications were stored securely in residents' bedrooms. Staff completed a nightly checklist to monitor compliance of each resident. The checklists were made available to the inspector who saw that each resident was included and medication non-compliance was reported as appropriate. This nightly checklist was augmented by a weekly audit completed by nursing staff.

The inspector spoke with a number of residents who self-administered their own medications who had been counselled on their medications by the pharmacist, demonstrated good knowledge of their medications and were aware of the importance of compliance. Residents were also aware of the nightly checks undertaken by staff.

**Outcome 09: 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

**Judgement:**

Compliant

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

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

**Findings:**

The inspector saw that there was a comprehensive log of all accidents and incidents.

The inspector was satisfied that the regulation directorate had been notified of all incidents and quarterly returns as required by Article 36 of the regulations.

Notifications that were sent to the Authority were reviewed prior to and throughout the inspection and the inspector was satisfied with the outcomes and measures that were put in place.

**Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

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

**Findings:**

The acting person in charge, the providers and staff displayed a strong and clear commitment to continuous improvement in the quality of care through regular audits of resident care and the facilities.

The inspector looked at accidents and incidents that had occurred and found they were all recorded in line with best practice. Internal audits included review of medication management, residents' dignity, meals and infection prevention practices. The results of these audits were made available to the inspector and recommendations were seen to have been implemented.

Minutes of the residents' focus groups were made available to the inspector. Meetings were held on a regular basis and the last meeting was held in January 2014. Issues discussed included menu plan, complaints and the provision of adequate storage. There was evidence that suggestions raised at the relatives' meetings were acted upon by the acting person in charge. Residents with whom the inspector spoke with reported these meetings to be useful, meaningful and gave them an open forum to bring their concerns and worries.

A council for residents' representatives was held regularly, most recently in October 2013. A number of residents' representatives attended the meeting. The inspector saw that suggestions made at this meeting had been implemented.

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

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

The sheltered accommodation provides residential services to persons over the age of 55 years. To be referred and accepted for admission and ongoing residency, there is a requirement that residents are independent in their activities of daily living such as walking, washing, dressing and eating. The nursing unit provides short term services for residents who require respite, convalescent or palliative care.

Given the strict criteria for admission to the centre, a formal pre-admission procedure was seen to be in place informed by the completion of the common summary assessment record in conjunction with the local public health nurse.

Within the sheltered accommodation, residents' daily care needs were met by a team of multi-task attendants (MTAs) under the direction and supervision of the nurse on duty in the nursing unit. The inspector noted that nursing staff from the nursing unit provided support, advice, assessment and care in response to incidents such as a fall or symptoms of ill-health. Where a resident's condition deteriorated, the inspector saw that the MTA took appropriate action, the nursing staff intervened appropriately and assessed the situation and ensured that the appropriate care was facilitated.

There was evidence that timely access to health care services was facilitated for all residents. The acting person in charge confirmed that the GP attended the nursing unit morning and evening on weekdays. Residents in the sheltered accommodation were supported to attend their own GP and records were kept of these visits. An "out of hours" GP service was available if required. The records confirmed that residents were assisted to achieve and maintain the best possible health through smoking cessation advice, annual influenza vaccination and regular blood profiling. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had ongoing access to allied healthcare professionals including psychiatry of old age, chiropody, physiotherapy, speech and language therapy, pharmacy and dietetics.

Each resident had an individualised plan of care. The inspector reviewed a selection of care plans. Each care plan was supported by a suite of evidence-based assessment tools to measure dependency levels, nutritional status, risk of falls, risk of pressure sore development and cognitive ability. Assessments that had established risk had a supporting plan of preventative care. Assessments and plans of care were re-evaluated by nursing staff on a three monthly basis however there was no documented consultation with residents or their representatives. Planned interventions were largely seen to be implemented in practice. Residents looked well, reported keeping well and nursing staffs' knowledge of them meant that they were very attuned and responsive to any changes.

There was evidence of good practice in relation to wound prevention and management. Care reviewed was evidence-based with preventative equipment, wound assessments, care plans and progress notes in place. Residents in the sheltered accommodation had their weight and Malnutrition Universal Screening Tool (MUST) score calculated every three months or more frequently if indicated. The inspector saw that residents were referred to dieticians as appropriate; recommendations were incorporated into care plans and reflected the care given. However, the inspector saw that some of the residents did not have a weight or a MUST score recorded.

In relation to restraint practices, the inspector observed that while bedrails were in use, their use followed an appropriate assessment. A risk-balance tool was completed for residents prior to the use of a bedrail and this is reviewed on an ongoing basis. The inspector noted that signed consent from residents was not secured and discussion with residents' representatives on the use of bedrails was not documented. The inspector brought this to the attention of the acting person in charge and this was rectified prior to the end of the inspection.

There was a range of activities offered including live music, knitting, drawing, baking demonstrations and bingo. One resident was particularly interested in drawing, a specialist area had been provided to him away from the communal areas and many of his paintings were displayed within the centre. Residents with whom the inspector spoke enjoyed the range of activities available particularly the interactive baking demonstrations.

Residents were facilitated to participate in activities external to the centre. Some residents attended local day care centres.

### **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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The building is purpose built, is a single-storey construction comprising the sheltered accommodation and nursing unit. Both units share a common entrance and reception area; the residential unit branches to the left and the right of this entrance to effectively encompass the nursing unit in its centre; there is no segregating structure between the units. Residents had access to a dining room, a sitting room, a family room and an oratory. There was a physiotherapy room, kitchenette, pharmacy, sluice room, kitchen and laundry.

Residents' private accommodation is predominately provided for in single bedrooms; there are currently 18 single bedrooms two of which have en suite facilities and all are supplied with a wash-hand basin. There are two four-bedded rooms each with an en-suite and an assisted shower. There are four three-bedded rooms and each set of three-bedded rooms was constructed with an en suite toilet and wash-hand basin accessed from both rooms. A further four toilets and four bathrooms with floor level baths and wash-hand basins

There was ample personal storage in all bedrooms for residents' belongings. Screening in shared rooms ensured privacy for residents.

There were separate staff facilities for changing and storage.

The decor was homely and the premises was well maintained throughout. The residents and the acting person in charge reported that the centre had recently been re-painted and new curtains hung. The centre was visibly very clean.

Residents have access to grounds to the front and side of the residential unit. There are also two enclosed gardens: one is a remembrance garden for the nursing unit with seating and attractive flowers and shrubbery.

The kitchen was visibly clean and organised and inspection reports issued by the relevant Environmental Health Officer (EHO) were made available to the inspector.

The sluice and laundry facilities were adequate and the inspector noted that access was restricted to these areas.

The inspector saw that a functioning call bell system was in place and that staff responded promptly.

### **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

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The complaints policy presented for the purpose of inspection was dated December 2006 and was not centre-specific. The complaints procedure did contain details of an independent appeals process. The acting person in charge was the nominated complaints officer. A photograph of the nominated complaints officer was visible at the main entrance to the centre. However, the complaints procedure was not displayed. The acting person in charge informed the inspector that a nominated person, independent of the complaints officer, was not available to ensure that all complaints were appropriately responded to and all records are maintained.

A summary of the complaints procedure was provided in the statement of purpose. The complaints officer stated that she dealt with any complaints as soon as possible and felt that residents were happy with the service they received.

The complaints log was made available to the inspector detailing the investigation, responses and outcomes of any complaints. The inspector saw that complaints were dealt with promptly. Residents and relatives to whom the inspector spoke with



confirmed that any complaints they might have were dealt with satisfactorily.

#### **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

**Judgement:**

Compliant

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

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

**Findings:**

Care practices and facilities in place were designed to ensure residents received care at the end of their life in a way that met their individual needs and wishes and respected their dignity and autonomy. The centre-specific policy on end of life care was reviewed in July 2013.

The acting person in charge had attended an end of life seminar facilitated by the Authority in January 2014. Following this seminar, the acting person in charge had commenced end-of-life discussions with residents.

Access to specialist palliative care services was available on a 24 hour basis from South Tipperary hospice home care team.

The inspector noted that the centre was a member of the "Hospice Friendly Hospitals" initiative. Resources and additional training for staff had been provided.

Individual religious and cultural practices were facilitated. Family and friends were enabled to be with the resident when they were at the end of their life and overnight facilities were provided. The inspector observed, and residents and relatives reported, that residents' religious and spiritual needs were well provided for.

#### **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

**Judgement:**

Compliant

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

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

**Findings:**

The inspector observed mealtimes including lunchtime, mid afternoon refreshments and teatime. The inspector saw that the variety and quality of meals provided to the residents was of a good standard, freshly prepared and nutritious. Dining tables were attractively and invitingly set and a menu for the day was displayed offering choice at each mealtime. The inspector noted that the meals were plated and attractively presented in an appetising manner. Gravies/sauces were served separately if required.

The inspector saw that policies were in place for the monitoring and documentation of nutrition, guidelines on the use of MUST and the management of hydration. These policies were centre-specific and had all been reviewed in July 2013.

Catering staff retained a list of each resident's likes and dislikes and ascertained their preferences individually: records were in place to this effect. The catering staff demonstrated good knowledge of modified consistency diets and fluids. Specialised diets, for example diabetic diets, were also communicated effectively.

In between main meals, the inspector saw that residents were provided with a range of hot and cold drinks and fresh water was available at all times in the communal areas. Snacks were also seen to be provided and a fridge was available for residents.

A selection of prescription charts were reviewed by the inspector and nutritional supplements were prescribed and administered appropriately. The inspector saw that the advice of dietician and speech and language therapist was accessed, documented, communicated and observed.

Residents were provided with adequate dining space and the social dimension of meals was encouraged with the majority of residents choosing to attend the dining room for their meals. Residents with whom the inspector spoke were complimentary of the meals and snacks served.

**Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents 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.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

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

**Findings:**

The inspector found the centre to be relaxed and person-centred. There was a good level of visitor activity noted by the inspector throughout the inspection.

The inspector observed televisions and radios in the communal areas. Many of the residents also had access to televisions in their bedrooms and newspapers were delivered every day. Many of the residents were conversant in current and local affairs and were facilitated to vote.

Resident's routines were documented clearly in their care plans and staff were seen to respect these. For example, the inspector saw that residents had choice in their morning routine.

Mass was celebrated once a month and communion was distributed on a weekly basis. Clergy of different religious denominations were available at all times if required. A number of residents chose to attend Mass in the local church on a daily basis.

The inspector saw that residents received care that respected their privacy at all times. Staff knocked and awaited permission before entering residents' bedrooms. Staff addressed residents by their preferred names. Screening curtains were used in shared rooms when personal care was delivered.

Residents in the sheltered accommodation were provided with a key to lock their bedroom. A number of residents with whom the inspector spoke valued this provision of privacy but the security of knowing the staff could enter in an emergency.

The inspector noted that the residents were encouraged to be part of the community. Many residents continued to live an independent life. There was a consistent pattern of residents going into town or on outings with family and friends.

**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

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

The inspector observed and residents confirmed that there was adequate storage provided for residents' personal possessions.

Residents' clothing was laundered on-site and clothing was labelled to ensure that residents' own clothing was returned to them. Residents confirmed that their clothing was returned to them at all times.

There was a centre-specific policy on residents' personal property and possessions.

Residents' personal property was not recorded on admission for a number of residents. The record was not updated.

**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.*

**Theme:**

Workforce

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

There was a planned roster in place. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers and skill-mix were appropriate to meeting the assessed needs of the residents and the effective operational management of the service. However, adequate supervision was not in place for residents in the sheltered accommodation for periods of time, particularly in the morning.

There was a registered nurse on duty at all times and a record is maintained of current registration details of nursing staff.

A sample of staff files was reviewed and these were found to contain many of the required elements. However, two of the staff files did not contain a recent photograph. There was evidence of effective recruitment procedures including the verification of references.

The inspector saw that there was a selection of healthcare reading materials and reference books stored in the nurses' office. The inspector noted that copies of both the regulations and the standards were available. Staff were also able to articulate adequate knowledge and understanding of the regulations and standards.

The inspector noted that the acting person in charge was involved in the day to day operation of the centre but there was no evidence of more formalised systems of staff supervision.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies; the programme reflected the needs of residents. All staff employed had attended mandatory training. Further education and training completed by staff included medication management, end of life care and dementia.

Agency staff were employed and confirmation was made available to the inspector that the agency ensures that all the required documentation is maintained and mandatory training has been completed.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

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

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

Louisa Power  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

**Action Plan**

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

<b>Centre name:</b>	Cluain Arann Welfare Home
<b>Centre ID:</b>	ORG-0000674
<b>Date of inspection:</b>	04/03/2014
<b>Date of response:</b>	02/04/2014

**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not contain the centre's telephone number and the gender of the residents to be accommodated in the nursing unit.

**Action Required:**

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

The Statement of Purpose has been updated to include the Centre's telephone number and the gender of the residents to be accommodated in the nursing unit.

**Proposed Timescale:** 02/04/2014

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

## Outcome 07: 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:**

Remedial actions to prevent recurrence were not documented in the majority of incident forms.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

All future incident forms will detail the remedial actions necessary to prevent recurrence.

**Proposed Timescale:** 30/03/2014

**Theme:** Safe Care and Support

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

Individualised risk assessments had not been completed for residents who smoke.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

Discussed has taken place with the Health and Safety Officer on the development of a Risk Assessments for Residents who smoke. The Centre will become a Smoke Free Campus in 2014. Residents will, following its introduction be require to desist from smoking in the Centre. Exemptions may be considered on a case by case basis.

**Proposed Timescale:** 15/04/2014

**Theme:** Safe Care and Support

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

There were no grab rails installed to assist residents who wish to exit into the garden area.

**Action Required:**

Under Regulation 31 (4) (b) you are required to: Provide handrails in circulation areas and grab-rails in bath, shower and toilet areas.

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

The entrance to the garden area will be reviewed and grab rails will be installed as required.

**Proposed Timescale:** 25/04/2014

**Outcome 08: Medication Management**

**Theme:** Safe Care and Support

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

The name and address of the GP and a recent photograph was not included in some medication prescription sheets.

**Action Required:**

Under Regulation 33 (2) you are required to: Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

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

The Medication kardex's will be redesigned and will contain the name and address of the individual's GP. A recent photograph of both residents and patients will be taken and attached to medication kardex.

**Proposed Timescale:** 05/05/2014

**Theme:** Safe Care and Support

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

Returns of unused controlled drugs to the pharmacy were not documented in the controlled drugs register and the running balance was incorrect.

**Action Required:**

Under Regulation 33 (2) you are required to: Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

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

All unused controlled drugs that are returned to pharmacy are now documented in the controlled drugs register and running balances are correct.

**Proposed Timescale:** 02/04/2014



**Theme:** Safe Care and Support

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

Medications used in an emergency situation, such as a cardiac arrest, were stored in an unsecured location.

**Action Required:**

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

The medications for cardiac arrest use will be kept in the pharmacy room.

**Proposed Timescale:** 02/04/2014

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

**Theme:** Effective Care and Support

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

Some of the residents did not have a weight or a MUST score recorded.

**Action Required:**

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

All residents will have weight and/or Must score recorded.

**Proposed Timescale:** 30/03/2014

**Theme:** Effective Care and Support

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

There was no documented consultation with residents or their representatives when care plans were reviewed.

**Action Required:**

Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

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

There will be documented consultation with residents or their representatives when care plans are reviewed going forward.

**Proposed Timescale:** 11/04/2014

**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 policy presented for the purpose of inspection was dated December 2006 and was not centre-specific.

**Action Required:**

Under Regulation 39 (1) you are required to: Provide written operational policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

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

The Complaints procedure will be centre specific relating to the making, handling and investigation of complaints from any person about any aspects of service, care and treatment provided in Cluain Arann.

**Proposed Timescale:** 10/05/2014

**Theme:** Person-centred care and support

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

The complaints procedure was not displayed.

**Action Required:**

Under Regulation 39 (4) you are required to: Display the complaints procedure in a prominent position in the designated centre.

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

The complaints procedure will be displayed in the main reception area of Cluain Arann.

**Proposed Timescale:** 10/05/2014

**Theme:** Person-centred care and support

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

A nominated person, independent of the complaints officer, was not available to ensure that all complaints were appropriately responded to and all records are maintained.

**Action Required:**

Under Regulation 39 (10) you are required to: Make a person available, independent to the person nominated in Regulation 39(5), to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 39(5) maintains the records specified under Regulation 39(7).

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

The nominated person independent of the complaints officer is the Acting Clinical Nurse Manager 2 who will ensure that all complaints will be responded to and records maintained specific to the regulations.

**Proposed Timescale:** 02/04/2014

**Outcome 17: Residents clothing and personal property and possessions**

**Theme:** Person-centred care and support

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

Residents' personal property was not recorded on admission to the centre for a number of residents. The record was not updated.

**Action Required:**

Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.

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

A specific personal property document is being developed for recording of resident's personal property on admission and will be reviewing yearly thereafter.

**Proposed Timescale:** 20/04/2014

**Outcome 18: Suitable Staffing**

**Theme:** Workforce

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

Adequate supervision was not in place for residents in the sheltered accommodation for periods of time, particularly in the morning.

**Action Required:**

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

There will be adequate supervision appropriate to the needs of both the residents and the patients of Cluain Arann and reflected in the presence of a nurse in charge per shift

in a twenty four period identified in the staff roster.

**Proposed Timescale:** 02/04/2014

**Theme:** Workforce

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

Formal systems of staff supervision were not in place.

**Action Required:**

Under Regulation 17 (2) you are required to: Supervise all staff members on an appropriate basis pertinent to their role.

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

A formal system of Staff Supervision will be developed.

**Proposed Timescale:** 30/06/2014

**Theme:** Workforce

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

Two of the staff files reviewed did not contain a recent photograph.

**Action Required:**

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

The staff files will be updated to include a recent photograph.

**Proposed Timescale:** 05/04/2014