

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Grange Con Nursing Home
Centre ID:	OSV-0000233
Centre address:	Carrigrohane, Cork.
Telephone number:	021 438 5479
Email address:	grangecon@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Grange Con Quarters Limited
Provider Nominee:	Julie Holland
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	23
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
14 September 2016 09:40	14 September 2016 18:00
15 September 2016 09:20	15 September 2016 16:00

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	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
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 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection. This was the eight inspection of Grange Con Nursing Home by the Health Information and Quality Authority's Regulation Directorate. The providers had applied to renew their registration which is due to expire on 23 March 2017. As part of the inspection the inspector met with the person in charge, the provider, residents,

relatives, the General Practitioner (GP), the Assistant Director of Nursing (ADON) and numerous staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The person in charge and ADON were both new to the service since the last inspection and interviews were conducted with them during the inspection. They both displayed a good knowledge of the standards and regulatory requirements and were found to be committed to providing quality person-centered care to the residents. They were proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements throughout the inspection which are discussed throughout the report.

A number of questionnaires were received from residents and relatives and the inspector spoke to many residents and relatives throughout the inspection. The collective feedback from residents and relatives was one of great satisfaction with the service and care provided. A few relatives stated they would like a private visiting room as there was not much room to visit in the day rooms. Family involvement was encouraged with relatives and residents stating they are welcomed at any time. The inspector saw numerous visitors in and out of the centre during the two day inspection. The inspector found the premises; fittings and equipment were clean and generally well maintained. There was a good standard of décor throughout.

There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. Resident's health and social care needs were met. Residents had comprehensive access to (GP) services, to a range of other health services, and the nursing care provided was evidence-based. Residents could exercise choice in their daily life and were consulted on an ongoing basis. Residents could practice their religious beliefs. In summary, the inspector was satisfied that the centre was generally operating in compliance with the current conditions of registration granted to the centre.

The inspector identified aspects of the service requiring improvement to enhance the findings of good practice on this inspection. These are discussed under the outcome statements. The related actions are set out in the Action Plan under the relevant outcome which included issues with the premises, privacy and dignity, maintenance of equipment and staffing files.

These improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. The provider was required to complete an action plan to address these areas.

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 statement of purpose and function was viewed by the inspector, and it clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care.

The statement of purpose included the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007 and were found to meet the requirements of legislation.

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):

No actions were required from the previous inspection.

Findings:

There was a clearly defined management structure in place. The person in charge and

ADON were both new to the service since the last inspection and interviews were conducted with them during the inspection. They both displayed a good knowledge of the standards and regulatory requirements and were found to be committed to providing quality person-centred care to the residents. They were proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements throughout the centre.

The management team and staff demonstrated a commitment to continual improvement and quality assurance. There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge on a regular basis. Data was being collected on a number of key quality indicators such as medication management, accidents and incidents, infection control, and incidence of pressure ulcers. There was evidence of actions taken as the result the audits, particularly in relation to falls where night medication had been reduced for a number of residents, walking aids and call bells were moved closer to residents to prevent further falls. In relation to mealtimes the menu had been changed in accordance with feedback from the residents.

The person in charge had completed 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 HIQA under section 8 of the Act. The annual review outlined service developments, results and feedback from a relative survey. The inspector was satisfied that the quality of care is monitored and developed on an ongoing basis and that the action taken in response to findings or trends identified generally resulted in enhanced outcomes for residents in areas audited.

Judgment:
Compliant

Outcome 03: Information for residents

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

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The residents' contracts of care were viewed by the inspector. The inspector found that contracts had been signed by the residents/relatives and found that the contract was clear, user-friendly and outlined all of the services and responsibilities of the provider to the resident and the fees to be paid. The contracts also detailed what was included and not included in the fee and were found to meet the requirements of legislation.

A Residents' Guide was also available which included a summary of the services and

facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. This guide was found to meet the requirements of legislation.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge was new to her role since the last inspection and underwent an interview with the inspector, The person in charge displayed a good knowledge of the standards and regulatory requirements and was found to be committed to providing quality person-centred care to the residents.

The inspector interacted with the person in charge throughout the inspection process. There was evidence that the person in charge was engaged in the governance, operational management and administration of the centre on a day-to-day basis. The inspector were satisfied that she was a registered nurse, was suitably qualified and had a minimum of three years experience in nursing of the older person within the previous six years, as required by the regulations.

Staff, residents and relatives all identified her as the person who had responsibility and accountability for the service and said she was very approachable and were confident that all issues raised would be managed effectively.

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):**Findings:**

Records were kept securely, were accessible and were kept for the required period of time. Residents' records were kept in a secure place. Inspectors found that the system in place for maintaining files and records was very well organised with clear processes in place.

The Directory of Residents was reviewed by an inspector who found that it complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Residents' records as also required under Schedule 3 of the Regulations were maintained and inspectors found that the medical and nursing records were comprehensive. The care plans and the record of care provided to residents were accurately documented. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to inspectors.

The designated centre had 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 and these are reviewed and updated at intervals not exceeding three years as required by Regulation 4. The inspector viewed the insurance policy and saw that the centre is adequately insured against accidents or injury to residents, staff and visitors.

The inspector was satisfied that 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) were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Overall records were seen to be maintained and stored in line with best practice and legislative requirements.

The inspector reviewed a sample of staff files and found that they generally contained all of the information required under Schedule 2 of the Regulations with the exception of references for two staff. The importance of robust recruitment and the obtaining and verification of references was crucial as required by legislation.

Judgment:

Non Compliant - Moderate

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There had been no instances since the last inspection whereby the person in charge was absent for 28 days or more and the person in charge was aware of the responsibility to notify HIQA of any absence or proposed absence.</p> <p>Suitable deputising arrangements were in place to cover for the person in charge when she was on leave. The ADON was in charge when the person in charge is on leave. The inspector met and interviewed the ADON throughout the inspection and she demonstrated an awareness of the legislative requirements and her responsibilities.</p>
<p>Judgment: Compliant</p>

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

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed by the inspector demonstrated a good understanding of safeguarding and elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspector saw that safeguarding training was on-going and training records confirmed that staff had received this mandatory training. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise.</p> <p>The centre maintained day to day expenses for a number of residents and the inspector saw evidence that complete financial records were maintained. The inspector reviewed the systems in place to safeguard residents' finances which included a review of a sample of records of monies handed in for safekeeping. Money was kept in a locked area in the nurses administration office. Monies were stored in envelopes with the name of the resident. All lodgements and withdrawals were documented and were signed for</p>
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by two staff members.

There was a policy on responsive behaviour and staff were provided with training in the centre on behaviours that challenge which was confirmed by staff and training records. There was evidence that residents who presented with responsive behaviour were reviewed by their GP and referred to psychiatry of old age or other professionals for full review and follow up as required. The inspector saw evidence of positive behavioural strategies and practices implemented to prevent responsive behaviours. The records of residents who presented with responsive behaviours were reviewed by the inspector who found that these were managed in a very dignified and person-centred way by the staff using effective de-escalation methods as outlined in residents' care plans.

There was a policy on restraint which was updated since the last inspection. There was evidence that the use of restraint was in line with national policy. Where bedrails were required for a resident, the inspector saw evidence that there was a comprehensive assessment completed. Consent was obtained from residents for the use of restraint and there was evidence of regular checking of residents. There were 15 residents using bedrails at the time of the inspection which was a very high percentage of bedrail usage. The person in charge said they were looking to try to reduce the use of bedrails through further assessment and education.

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:

The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be comprehensive. There were notices for residents and staff on "what to do in the case of a fire" appropriately placed throughout the building. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire. The inspector saw that fire training was provided to staff in February 2016 and a fire drill was conducted in June 2016. However the actions taken and outcome of the fire drill was not documented, therefore there was no record of learning from the drill and improvements required as a result. Although the fire drill took place in June there had not been a fire drill for a year prior to that. The person in charge acknowledged that drills needed to be undertaken more frequently. The inspector examined the fire safety register with details of all services and tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment and fire alarms had been tested on various dates in 2016 and fire alarm test and emergency lighting in July 2016.

Accidents and incidents were recorded on incident forms and were submitted to the person in charge and there was evidence of action in response to individual incidents. There were reasonable measures in place to prevent accidents such grab-rails in toilets and handrails on corridors.

There was a centre-specific emergency plan that took into account all emergency situations and where residents could be relocated to in the event of being unable to return to the centre. Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency and assessments for pressure ulcer formation. The provider has contracts in place for the regular servicing of all equipment and the inspector viewed records of equipment serviced.

The environment was observed to be clean and personal protective equipment, such as gloves, aprons and hand sanitizers were located throughout the premises. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control and staff that were interviewed demonstrated knowledge of the correct procedures to be followed. Hand hygiene training was on going and staff demonstrated good hand hygiene practice as observed by the inspector. Arrangements for the disposal of domestic and clinical waste management were appropriate.

The health and safety of residents, visitors and staff was generally promoted and protected. The health and safety statement seen by the inspector was centre-specific dated March 2016. However the risk management policy as set out in Schedule 5 did not include all the requirements of Regulation 26(1) The policy did cover, the identification and assessment of risks and the precautions in place to control the risks identified. But it did not include the measures and actions in place to control the following specified risks, 1) Abuse, 2) the unexplained absence of a resident, 3) accidental injury to residents or staff, 4) aggression and violence, and 5) self-harm.

Records viewed by the inspector indicated that staff had received up to date moving and handling training. Hoists were serviced on a regular basis as required by legislation and records of same were seen by the inspector. The inspector observed staff assisting residents using the hoists which was completed in a safe manner following best practice guidelines.

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:

The medication trolley was secured and the medication keys were held by the nurse in charge. The inspector observed a nurse administering the lunch time medications, and this was carried out in line with best practice. Medications are prescribed and disposed of appropriately in line with An Bord Altranais and Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007). Controlled drugs were stored in accordance to best practice guidelines and nurses were checking the quantity of medications at the start of each shift. The inspector did a count of controlled medications which accorded with the documented records.

There was a system in place for reviewing medications on a three monthly basis by the GP and pharmacist and this was documented in residents' notes. Medications that required crushing were seen to be prescribed as such and signed by the GP. As required medications stated frequency of dose therefore ensuring there was a maximum dose in 24 hours that could not be exceeded.

There were centre specific written operational policies and records relating to the ordering, prescribing, storing and administration of medicines to residents which were reviewed in May 2016.

Since the last inspection following on from an error with transcription of a prescription nursing staff do not transcribe medications and state they do not need to as they have easy access to a GP. Medication errors were recorded and evidence that appropriate action was taken as a result of same. Nursing staff undertook regular updates in medication management training as evidenced by training records.

The pharmacist was involved in the reviewing the residents' medications on a regular basis and provided advice and support to the GP and staff. Regular audits of medication management were taking place.

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector saw that there was a comprehensive log of all accidents and incidents that took place in the centre.

Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 have continued to be reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received within three days of accidents as required.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

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

Theme:
Effective care and support

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

No actions were required from the previous inspection.

Findings:

There was evidence that residents could keep the service of their own general practitioner (GP) but the majority of the residents were under the care one GP practice who provided medical services to the residents and visited weekly and more frequently as required. The inspector met and spoke to the GP during the visit and he expressed satisfaction that his patients received appropriate care in the centre. Residents' medical records were inspected and these were current with regular reviews including medication reviews, referrals, blood and swab results, and therapy notes. Residents' additional healthcare needs were met. Physiotherapy services were available weekly for a number of hours and this was included in the fee. Dietician services were provided by a dietician from a nutritional company, who was also contactable by telephone for advice as required. All supplements were appropriately prescribed by a doctor. Optical assessments were undertaken on residents in-house by an optician from an optical company. Residents and relatives expressed satisfaction with the medical care provided.

There was evidence of regular nursing assessments using validated tools for issues such as falls risk assessment, dependency level, moving and handling, nutritional assessment and risk of pressure ulcer formation. These assessments were generally repeated on a four-monthly basis or sooner if the residents' condition had required it. Care plans were developed based on the assessments. The person in charge, ADON and staff demonstrated an in-depth knowledge of the residents and their physical, social and psychological needs and this was reflected in the comprehensive person-centred care plans available for each resident. The care plans were found to be fully reflective of the assessed needs of the residents, were extremely personalised and detailed residents likes, dislikes, and preferences and took into account residents' daily changing needs

and choice. There was documentary evidence that the care plan had been discussed with the resident or relative as required and this discussion of care plans was confirmed by residents and relatives. Consent to treatment was documented. Nursing notes were completed on a daily basis.

The inspector observed that residents appeared to be well cared for, which was further reflected in residents' comments that their daily personal care needs were well met. The inspector was satisfied that facilities were in place so that each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. There was one resident with a pressure sore and the inspector was satisfied that wound care was provided within best practices guidelines. There was evidence of scientific recording of the assessments and treatment of the wound and the wound care plan was seen to be comprehensive. Advice on tissue viability was secured through the local tissue viability specialist nurse. Residents, where possible, were encouraged to keep as independent as possible and inspector observed residents moving freely around the corridors and in communal areas.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:
Effective care and support

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

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

Findings:

Residents' bedrooms, communal bathrooms, the laundry, kitchen, gardens, lounges, dining room and other communal areas were inspected and found generally to be of a good standard and appropriate to the client group. The environment was homely, well decorated and in a style which was comfortable. The building was clean and generally bright and was well maintained, both inside and externally.

There was adequate assistive equipment to meet the needs of residents, such as pressure-relieving cushions and mattresses, grab-rails, hoists and wheelchairs. A number of residents were observed using specialist seating and mobility aids to maintain their independence. Hoists, beds, wheelchairs and other equipment were all well maintained and service records viewed by inspectors were found to be up to date.

However the inspector saw a chairs, a wheelchair and a specialist cushion that had torn covering and were in need of repair.

The kitchen was well equipped, clean, organised, with good food- hygiene practices in place. Kitchen staff had been trained in Hazard Analysis Critical Control Points (HACCP). The food-handling training records were seen by inspector. There was a separate treatment room available which allowed residents to be treated by visiting clinicians in private.

There was an easily accessible, secure courtyard available to the residents who told the inspector that they used and enjoyed the courtyard mainly in the good weather. Seating and a table was provided for residents' and relatives' use. There were walkways at the front of the building and seating for residents and relatives to enjoy the view of the countryside.

There was two three-bedded and one four-bedded rooms in the centre. The four-bedded and one of the three-bedded rooms posed challenges to ensure that residents' privacy and dignity were met on a daily basis and during end-of-life care. Difficulties were presented due to the multi-occupancy of the bedroom space and there was limited space between individual residents' beds, impacting on their privacy and dignity. There was not adequate space to have a comfortable chair beside each bed and there was difficulty for some residents to watch the television due to the positioning of the beds. It was noted by the inspector that a number of the bed areas lack personalisation and this would be attributed to a lack of area to put personal items such as pictures and photos. On the previous registration renewal the provider submitted a plan to the chief inspector to extend the centre and reduce the occupancy of these rooms but this plan was not completed. The provider did show the inspector that planning had been applied for and they did plan to progress the extension.

A costed time bound plan is required to be submitted to the chief inspector as to how the provider can ensure the size and layout of rooms occupied or used by residents are suitable for all their needs.

Judgment:
Non Compliant - Major

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

There was a policy and procedure for making, investigating and handling complaints. The policy is displayed in the main reception area and is also outlined in the statement of purpose and function and in the Residents' Guide. There was evidence that complaints are discussed at staff meetings and informed changes to practice.

Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint. The inspector viewed a comprehensive complaints log and saw that complaints, actions taken and outcomes were documented in accordance with best practice and that feedback is given to the complainant.

There was an independent appeals person nominated and the policy had been updated to include the facility to refer to the Ombudsman if required.

Judgment:
Compliant

Outcome 14: End of Life Care

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

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The policy on end of life was viewed by the inspector and found to be comprehensive and directed staff to give a high standard of evidence-based appropriate care to residents and their relatives at any stage of end-of-life care from a practical, emotional and spiritual perspective.

The inspector observed, and residents and relatives reported, that residents' religious and spiritual needs were well provided for. Mass took place in the main sitting room at least monthly and holy communion is provided to residents on a Sunday by a minister of the Eucharist. Prayers and the rosary were held at different times of the day and residents confirmed their enjoyment of these. Residents from other religious denominations were visited by their minister as required.

Residents who spoke with the inspector relayed positive feedback with regard to their care, access to the staff and their freedom to speak with the person in charge and staff regarding any issue. Evidence was demonstrated to show that planning of care was done in consultation with the resident and/or their next-of-kin and some residents had signed their own care plans. 'Terminal Care Wishes' were recorded and the sample of care plans viewed showed that residents' wishes were comprehensively recorded by the nurse. Some residents had advanced care directives which were fully respected. End-of-life care wishes were also discussed with the GP and recorded in the residents' medical

notes. Referrals to specialist services were evidenced. Residents had access to palliative care services based in the nearby hospice. Notes reviewed demonstrated that residents were reviewed in-house, had timely access, interventions and follow-ups from this service. Pain was assessed using a validated tool and appropriate pain relief was prescribed and nausea was assessed, monitored and treated accordingly.

Care practices and facilities in place were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy. Individual religious and cultural practices were facilitated and family and friends were facilitated to be with the resident when they were at end of life stage. There were no overnight facilities for family members, nonetheless, families were welcome to stay overnight in one of the day rooms or sun room. However it was noted that the limited space in some of the multi occupancy rooms prevented privacy and dignity for the resident relatives and other residents at end of life. This was discussed under outcome 12.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
The inspector saw that referrals were made to the dietician services for nutritional review and advice, and speech and language therapy if a resident had swallowing difficulties (dysphagia). There was evidence available in residents' records that allied healthcare recommendations were implemented by staff, such as the provision of appropriate diets and this was observed by the inspector. There was a system in place for communicating modified or special diets to catering staff and staff members spoken with were knowledgeable of residents' nutritional needs and requirements. Residents were weighed monthly and weekly if there were changes to their weight. There was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified including the commencement of food and fluid charts. Dietary assessments and nutritional care plans were seen in resident's notes.

There was a dining room where 16 residents could be accommodated in the dining area. There were two sittings for meals where the more dependent residents who required assistance, were seated first. The inspector observed mealtimes in the dining room

including breakfast, mid morning refreshments lunch and tea-time. Some residents requested their breakfast at 8:00hrs and this was facilitated. All other residents had their breakfast from 08:30hrs onwards either in bed or in the dining room and the inspector saw many residents enjoying a leisurely breakfast up to 10,30. Lunch was served from 12:30hrs.

The person in charge informed the inspector that they had some complaints from residents and issues with the food which were now resolved and residents and relatives spoken to were generally very complimentary about the food.

The inspector found that mealtimes were an inviting and enjoyable time for residents. Residents were offered a varied, nutritious diet. The variety, quality and presentation of meals was of a good standard. Tables were set in an attractive manner with appropriate place settings.

Plenty of drinks were available for residents throughout the day with tea/coffee rounds morning and afternoon and trays with drinks, fruit and snacks available in the day rooms.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

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

Findings:

The inspector viewed the programme of activities. On the days of inspection there was an exercise to music session going on which the residents appeared to be participating well in and enjoying. There was live music the first day of the inspection. There is weekly physiotherapy, Sonas sessions and activities like puzzles and board games instigated by the staff. Some residents said the activities met their needs and were of interest to them but other reported they would like to see more going on in the centre including more music.

The inspector saw minutes of meetings of the residents' committee. The last meeting was held on the 16 August 2016. The committee offers residents the opportunity to participate and engage in the running of the centre; residents made detailed

suggestions about the mealtimes, activities and religious practices. Residents spoken with were complimentary about the residents' committee and felt that their issues and suggestions were taken seriously by the person in charge and by staff. There was evidence that all issues identified by residents were followed up and actioned.

A number of residents informed the inspector that the ability to vote was very important to them and that they were facilitated to do that in the centre. Residents are registered to vote and a member of an Garda Siochana accompanied the returning officer to the centre to allow the residents to cast their vote. Plenty of newspapers and magazines were seen throughout the communal areas and residents told inspectors that they listened regularly to the news on the radio and on television.

The open visiting policy was confirmed by relatives. Residents commended staff on how welcoming they were to all visitors. Many visitors said they visited in the dining room or lounge if they did not wish to use the resident's bedroom. Some identified that they would like to see a visitors' room.

The manner in which residents were addressed by staff was seen by inspectors to be appropriate and respectful. The inspector observed the residents' privacy and dignity being respected and promoted by staff in the provision of personal care and screening was used in shared rooms. However the inspector noted that the layout of one of the three and the four bedded room did not promote the residents privacy in the close proximity of the beds and there was not room in some rooms to have a comfortable chair by their bed if they wished to move away from the main communal areas. This did not protect the privacy or dignity of the residents. This has been outlined and actioned under outcome 12 Premises.

Judgment:
Compliant

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

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Locked storage space was provided for residents to store valuables as required.

The inspector saw, and residents confirmed, that residents were encouraged to personalise their rooms. Residents' bedrooms were generally comfortable and many

were personalised with residents' own cushions, ornaments, pictures and photos. In the majority of the bedrooms plenty of storage space was provided to residents for storage of their clothing and belongings.

There was a policy on residents' personal property and possessions and completed resident's property lists were seen to be completed in resident's notes.

Residents and relatives said they were happy with the laundry facilities. Clothes were discreetly marked and residents reported that clothes generally did not go missing and were always returned to residents laundered and in a timely fashion.

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:

Residents and relatives spoke positively about staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. Staff demonstrated a clear understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents.

The inspector reviewed staffing rotas, staffing levels and skill mix and was satisfied that there were sufficient staff on duty to meet the needs of the current residents. Relatives stated that they thought staff were particularly busy at weekends and thought there was a reduction of staff at weekends, the staff rota did not indicate any reduction and the person in charge assured the inspector that staffing levels were consistent all week.

A variety of professional development training records were viewed, including mandatory training for staff. The staff training and education records viewed by the inspector showed that nursing and care staff had attended manual handling, fire and elder abuse training and responsive behaviours training. Some of the nursing and care staff had attended training on care of the older person, wound care, infection control,

communication, care planning and documentation. The inspector was satisfied that the education and training available to staff enabled them to provide care that reflects contemporary evidence based practice.

The human resource policy was centre-specific and included details for the recruitment, selection and vetting of staff. A number of staff were interviewed regarding their recruitment, induction, and ongoing professional development. A review of staff records showed that staff were recruited and inducted in accordance with best practice. However as identified under outcome 5 records references were missing for two staff from the sample of files seen.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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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:	Grange Con Nursing Home
Centre ID:	OSV-0000233
Date of inspection:	14/09/2016
Date of response:	14/10/2016

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 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 inspector reviewed a sample of staff files and found that references were missing for two staff.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

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

the Chief Inspector.

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

All staff files were reviewed and reference requests were sent for the missing references for two staff, these references have since been received and staff files are up to date.

Proposed Timescale: 13/10/2016

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:

The risk management policy seen by the inspector did not include all requirements of Regulation 26(1)

2. 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:

The risk management policy has been reviewed and updated to include all requirements of regulation 21 (1).

Proposed Timescale: 10/10/2016

Theme:

Safe care and support

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

Fire drills were not taking place on a regular basis and there was no record of the fire drill and learning required from same.

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Fire drills are now carried out six monthly.

Records of fire evacuation drill will be recorded on a check list and follow up training needs identified.

Proposed Timescale: 09/10/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

There was one four-bedded and one of the three-bedded rooms that posed challenges to ensure that residents' privacy and dignity were met on a daily basis and during end-of-life care. Difficulties were presented due to the multi-occupancy of the bedroom space and there was limited space between individual residents' beds, impacting on their privacy and dignity. There was not adequate space to have a comfortable chair beside each bed and there was difficulty for some residents to watch the television due to the positioning of the beds. It was noted by the inspector that a number of the bed areas lack personalisation and this would be attributed to a lack of area to put personal items such as pictures and photos.

4. Action Required:

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

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

Planning to extend the centre has been granted. The extension will comprise of one single room and one double occupancy room (both en-suite). This will reduce the four bed sharing room to two sharing. Also reducing the adjoining three bed sharing room to two sharing.

Currently there is a lack of funds to proceed with the extension. We foresee adequate finance will be available to start the extension on April 1st 2019 (to be completed by October 31st 2019 approx).

Proposed Timescale: Commence 01/04/19 Completion 31/10/19

Proposed Timescale: 31/10/2019

Theme:

Effective care and support

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

The inspector saw a chair, a wheelchair and a specialist cushion that had torn covering and were in need of repair.

5. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the

matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The chair and wheelchair with torn covering have been repaired.

The specialist cushion that had torn covering has been replaced.

Proposed Timescale: 11/10/2016