

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Clarenbridge Nursing Home
Centre ID:	OSV-0000764
Centre address:	Ballygarriff, Craughwell, Galway.
Telephone number:	091 77 7700
Email address:	info@clarenbridgenursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Village Nursing Home Limited
Provider Nominee:	Frances Neilan
Lead inspector:	Marie Matthews
Support inspector(s):	Jim Kee
Type of inspection	Announced
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	9

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:
04 May 2016 17:00	04 May 2016 20:30
05 May 2016 09:00	05 May 2016 17:30

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	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The centre can accommodate a maximum of 56 residents who need long-term care, or who have respite, convalescent or palliative care needs. It has a specialized unit for residents with acquired brain and spinal injuries. There were 45 residents present at the time of this inspection. The inspector met with the provider and person in charge who displayed a good knowledge of the Authority's Standards and

regulatory requirements. There was evidence of a commitment to providing quality, person-centered care. A number of questionnaires from residents and relatives were received prior to the inspection and the inspector spoke to residents during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

The person in charge was involved in the management of the centre and was found to be easily accessible to residents, relatives and staff. The inspector reviewed progress on the action plan from the previous inspection carried out in January 2016 and verified that the actions had been addressed. Complaints management had improved and inspectors found better linkage in care plans. There was evidence of individual residents' needs being met. Staff supported residents to maintain their independence where possible. The premises, fittings and equipment were clean, well maintained and decorated.

The inspector found a good standard of evidence-based care and appropriate medical and allied health care access. Residents spoken with stated that they felt safe in the centre. The building was purpose built and provided a comfortable, warm environment. A wide range of activities was facilitated by an activity coordinator.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of 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.

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 set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the regulations.

The Statement of Purpose was kept up to date and revised in February 2016. The provider has ensured sufficient resources to ensure the delivery of care in accordance with the Statement of Purpose. There was a defined management structure in place with which staff were familiar. The governance arrangements in place are suitable to ensure the service provided is safe, appropriate and consistent.

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):

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

Findings:

During the last inspection deficits were identified in the care plans and in the management of some complaints which had not been identified through the audits completed and a number of medication errors were also identified. Inspectors reviewed management processes and observed improved monitoring systems were in place and the actions from the previous inspection were addressed.

A residents' satisfaction survey had been recently conducted and the overall feedback from residents was very positive. The provider and person in charge were in the process of addressing the findings and had implemented positive changes for residents based on the feedback received.

There was a management structure in place that identified the lines of authority and accountability. The provider met with the person in charge and made resources available to support the delivery of safe and quality care services.

Systems were in place to oversee the quality of care provided to residents. Audits were carried out in a number of areas including medication management, falls management, wound care, complaints, call bell responses and staff. Data was collated, analysed and summarised in a Quality Improvement plan as required by the regulations.

There was evidence of learning and improvements arising from the analysis. For example a list of residents at high risk of falls was circulated to staff for increased supervision.

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:
Inspectors reviewed a sample of contracts, which outlined the residents' weekly charges and a list of fees for additional services not covered in the weekly charge.

Residents had access to a written guide to the centre. The resident information guide included all the information specified in Regulation 20, of the Health Act 2007, (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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 a qualified nurse with over 30 years experience in nursing, of which 15 were in a management position. She was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

She had a good knowledge of the centres' procedures and policies and of her responsibilities under the regulations. She demonstrated an understanding of abuse as per the centre's policy.

She demonstrated a commitment to training in order to meet the needs of her role as person in charge and team leader for the centre. And had engaged in ongoing continuous professional development (CPD). Her personnel file evidence that she had completed a Masters Degree in healthcare Management and Diploma in Gerontology and in Training and development

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:

The inspector reviewed a range of documents, including residents' and staff records, the directory of residents and records of complaints and incidents. Records were kept in a manner so as to ensure completeness accuracy and ease of retrieval and there were examples of good record keeping. Inspectors reviewed a sample of Schedule 5 policies and all were made available during the inspection. Some policies required review to reflect national policy or evidence based practice. For example. the policy on the prevention, detection and response to abuse had not been updated to reflect national policy and procedures as outlined in 'Safeguarding Vulnerable Persons at Risk of Abuse' (HSE 2014).

As outlined in outcome 9 on medication management, inspectors observed that at times nursing staff were signing the medicine administration records before administering the medicines to the residents. This practice is not in accordance with relevant professional guidance.

Judgment:

Substantially Compliant

Outcome 06: Absence of the Person in charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days.

A clinical nurse manager has been notified to HIQA to deputise in the absence of the person in charge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy in place in the centre on the prevention, detection and response to abuse. The inspector noted that this policy had not been updated to reflect national policy and procedures as outlined in 'Safeguarding Vulnerable Persons at Risk of Abuse' (HSE 2014), as outlined under outcome 5. Staff spoken to by the inspectors stated that they had received training on adult protection, as confirmed by staff training records. Staff spoken to by the inspectors were knowledgeable of the reporting procedure in place. Residents spoken to by the inspectors had no concerns regarding their safety in the centre.

There was a system in place to ensure residents' finances were appropriately safeguarded. Detailed records were maintained of all transactions. The system included double signing, and the maintenance of receipts to ensure these finances were fully accounted for.

Risk assessments were completed for residents who had physical restraints such as bed rails or lap belts in place, and there was a very low number of bed rails and lap belts in use in the centre at the time of the inspection. The centre had a policy in place on the use of restraint. The restraint assessment forms reviewed by the inspectors included details of the non restrictive interventions/alternatives assessed. There were care plans in place to ensure that bed rails and lap belts were used in a safe appropriate manner.

The inspectors reviewed a sample of the care plans in place for residents who could exhibit responsive behaviours. The positive behaviour support plans reviewed contained sufficient information to ensure staff could appropriately respond to and manage such behaviours. Staff spoken to by the inspectors were knowledgeable of the individual residents who could at times exhibit responsive behaviours. Staff training records reviewed by the inspectors confirmed that training on the management of responsive behaviours had been provided to staff.

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):

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

Findings:

There were policies and procedures in place for risk management, emergency planning and health and safety within the centre.

The inspectors reviewed the health and safety statement that was on display within the centre, and also reviewed completed risk assessments. Fire evacuation instructions were clearly displayed within the centre and all fire exits were unobstructed during the inspection. There was an emergency plan in place detailing procedures to be followed in the event of fire, gas leak, power outage, infection outbreak, resident absconsion and flooding.

The records showed that there was regular servicing of the fire detection and alarm system, the fire equipment, and the emergency lighting system. A documented system of in-house checks relating to fire safety was also in place including daily inspection of the escape routes, weekly fire alarm tests, weekly checks of the self closing devices in place on all fire doors including bedroom doors, weekly checks of fire fighting equipment and also weekly visual checks of lighting. There was a folder maintained in the reception area including detail on each residents' personal day and night time evacuation needs including the requirement for assistive equipment such as ski sheets in the event of evacuation. Fire drill records were reviewed and a number of announced and unannounced drills had been held over the previous few months. The records included details of scenarios and of any learning identified during the drills. The most recent fire drill record reviewed by the inspectors was of a simulated evacuation of an area of the centre under both day and night time conditions and included details of the length of the time it took to evacuate the area had. Fire safety training was completed by staff and fire safety training was included as part of induction training for new staff.

Infection control measures in place within the centre included the provision of personal protective equipment and hand sanitiser at appropriate locations throughout the centre. Inspectors spoke with staff responsible for cleaning the centre, and staff were aware of appropriate infection control measures if residents were to acquire any infection that required extra infection control measures.

The risk management policy was reviewed by the inspectors and included measures and actions to control the risks of self harm, restraint, absconsion, abuse, accidental injury and challenging behaviour. There was a risk register in place, and smoking risk assessments were in place for residents who smoked.

There were arrangements in place for recording and investigating all incidents and accidents. Falls and near miss event were recorded electronically and were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. A post incident review was completed to identify any contributing factors. A post fall review completed in one

sample examined did not refer to a recent infection and the prescribing of antibiotics as a contributory factor.

The training records showed that staff had up to date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Moving and handling risk assessments were completed for each resident. There was professional advice from the physiotherapist and occupational therapist provided in determining each residents' moving and handling needs. The type of hoist was specified where required but the sling size required by the residents was not specified in all assessments reviewed.

Judgment:
Compliant

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):

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

Findings:

There were written operational policies and procedures in place in the centre relating to the ordering, prescribing, storing and administration of medicines. The centre had recently introduced a new system of drug prescription and record charts as part of the plan to address non-compliances related to medicines management found in previous inspections. The inspector found that certain aspects of medicines management practice required further improvement including certain aspects of documentation relating to the prescribing and administration of medicines.

Medicines were supplied to the centre by a retail pharmacy business with the majority of residents' medicines dispensed in a monitored dosage system. All medicines were stored securely within the centre on medication trolleys or securely within a locked clinical room. There was a fridge available for all medicines or prescribed nutritional supplements that required refrigeration, and the temperature of this fridge was monitored. All controlled (MDA) medicines were stored in a secure cabinet, and a register of these medicines was maintained with the stock balances checked and signed by two nurses at the end of each working shift. The inspector observed that dates of opening were marked on medicines when required, including prescribed eye drops, liquid medicines and insulin pen devices.

The inspectors observed nursing staff administering medicines to residents as part of one of the medication rounds in the centre. The inspectors reviewed the processes in place for administration of medicines, and were satisfied that nurses were

knowledgeable regarding residents' individual medication requirements. However at times inspectors observed that nursing staff were signing the medicine administration records before administering the medicines to the residents. This finding is included under outcome 5. Nursing staff were observed to administer medicines in a person centred manner. There were procedures in place for the handling and disposal of unused and out of date medicines.

The inspectors reviewed a number of the prescription and administration sheets and identified the following issues that did not conform with appropriate medicines management practice:

- The indication for use of all PRN (as required) medicines was not consistently documented on the prescription sheet. Psychotropic medicines had been prescribed for a number of residents on a PRN basis but the indication for use was not documented on the prescriptions sheets and there were no protocols in place as part of behaviour support plans or care plans to guide practice to ensure appropriate consistent administration.

- A number of medicines prescribed for administration at 9am for certain residents were recorded as administered at 7.30am on some occasions. This issue was discussed with nursing staff on the day of the inspection. However, the prescribed times of administration and the actual times of administration of these medicines required review with the prescriber and the prescription sheets required amending to ensure all medicines were administered within one hour of the prescribed time unless otherwise indicated by the prescriber.

A number of residents required their medicines to be crushed prior to administration and this was documented in a separate section of the drug prescription and administration record charts where separate lists of medicines approved for crushing signed by the prescriber were maintained.

There was a system in place within the centre to facilitate residents to self administer medicines following appropriate assessment.

The person in charge reported that the pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland.

There were systems in place within the centre for reviewing and monitoring medicines management practices, including medicine management audits. The medicines management audits made available to the inspectors reviewed the ordering and storage of medicines in the centre and also included information on the disposal of medicines, and included review of the prescription and administration sheets. Weekly auditing of a sample of the prescription and administration sheets were also conducted by the clinical nurse managers. There was a plan to introduce medicine competency assessments to the centre to ensure medicine administration practice would be included as part of the on-going review of practice within the centre. Medication incidents including administration, dispensing and prescribing errors were documented on specific reporting forms. The reporting forms reviewed by the inspectors included details of follow up actions. Audits of medication incidents were also conducted to ensure any trends could be identified and measures put in place to prevent recurrence.

Medicines management training was provided to nursing staff on a yearly basis.

Judgment:
Substantially 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 reviewed a record of incidents or accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. Quarterly notifications had been submitted to HIQA as required.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

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

Theme:
Effective care and support

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

Findings:
There were 45 residents in the centre during the inspection of which 13 were under the age of 65. The centre had a specialist unit which provided care for residents with brain injuries. A recognised assessment tool was used to assess the level of assistance residents required. Twenty one residents were identified as having maximum dependency care needs. Thirteen were assessed as having high dependency needs, 4 had medium dependency care needs and seven residents were assessed as having low

dependency needs. Fourteen residents had a diagnosis of some degree of cognitive impairment.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services. Inspectors saw that a preadmission assessment was completed to ensure the centre could meet the needs of a prospective resident.

A review of residents' medical notes showed that GP's visited the centre regularly and there was evidence of medical reviews at least three monthly and more frequently when required. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. The GP's reviewed each resident's prescriptions every three months. This was evidenced on reviewing medical files and drug cards. Residents had timely access to allied health professionals including speech and language therapist, physiotherapy, chiropody and a dietician.

Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspector. There was evidence of good communication with relatives.

There was a good standard of evidence-based care provided and appropriate medical and allied health care access. A range of risk assessments had been completed. These were used to develop care plans which were stored on an electronic care planning system. On the last inspection inspectors identified poor linkage between assessments and care plans. The inspectors reviewed a sample of six care plans and improvements were evident. In general care plans were individualised and person-centred and inspectors saw that there was improved linkage between the assessments completed and developed plans of care. For example, where a residents skin integrity was compromised this was referenced in their nutritional care plan.

The care plans were person centred and reflected the residents' individual needs. In the sample of care plans reviewed there was evidence care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident's health condition. For example where a resident sustained a fall, inspectors saw that the resident was reviewed by the physiotherapist employed and their care plan was updated. The physiotherapist reviewed all residents and did individual exercises with residents to promote mobility.

The inspector reviewed the care plan for one resident who had a pressure wound which was ongoing for some time. The resident had been referred to a specialist consultant and a care plan in place was in place which reflected the specialist advice. All residents whose skin integrity was vulnerable were provided with air mattresses. Repositioning charts were completed and there was evidence that regular swabs were taken to determine if an infection was present. Pain assessments were completed and appropriate analgesic was administered.

Where residents had specialist care needs such as mental health problems there was evidence in care plans of links with the mental health services. Referrals were made to

the consultant psychiatrist to review residents and their medication to ensure optimum health. It was evidenced in medical files the community mental health nurse visited the centre routinely.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:
Effective care and support

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

Findings:

The building was designed and built to meet the specific needs of the residents. It was, bright and spacious and provided a warm, comfortably well decorated environment. It was well maintained and visually clean. It was built around an enclosed garden which was directly accessible from some bedrooms.

There was a choice of communal areas available for use by residents. A dining area suitable in size to meet residents' needs is located off the kitchen. Other facilities include a spacious room where residents could meet visitors in private, a treatment room, a smoking room and an oratory.

Residents spoken with confirmed that they felt comfortable in the centre.

There were 49 bedrooms in total arranged over four units. 32 bedrooms were single rooms and 14 were double. 24 bedrooms had ensuite bathroom facilities and the remaining bedrooms had accessible bathroom facilities close by. Bedrooms were spacious and equipped to assure the comfort and privacy needs of residents. Some double rooms were observed to be in single occupancy due to the needs of the resident. There was a call bell system in place at each resident's bed. Suitable lighting was provided and switches were within residents reach. There was a high standard of décor throughout and good levels of personalisation evident in residents' bedrooms

Staff facilities were provided. Separate toilets facilities were provided for care and kitchen staff in the interest of infection control. Lockers are provided for the storage of personal belongings of staff.

A safe enclosed landscaped garden was available to residents.

Judgment:
Compliant

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

Findings:
There was a complaints policy in place which was revised in March 2015. A copy of the complaints procedure was displayed in the foyer. Inspectors observed the font used was small and the policy may there for be hard to read for older residents.

During the last inspection inspectors identified that practice in relation to complaints management was inadequate in light of a serious concern received regarding a complaint from a resident which was not appropriately addressed. Inspectors reviewed the complaints procedure during this inspection and the issues of concern from the previous inspection had been addressed. No serious complaints were being investigated at the time of inspection and the complaints log evidenced that all complaints were responded to in a timely manner and that any actions taken were relayed to the complainant.

The person in charge stated that issues of concern are generally addressed immediately at by the staff without recourse to the formal complaints procedure, unless the complainant wishes otherwise. The complaints procedure included an independent appeals process if the complainant was not satisfied with the outcome.

Judgment:
Substantially Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was an end-of-life care policy detailing procedures to guide staff which was reviewed in March 2016. In the sample of care plans files reviewed resident's end-of-life care preferences or wishes were documented. Some were detailed however care plan some were generic and contained minimum information about the residents' wishes and information such as future healthcare interventions or the resident's preferences with regard to transfer to hospital were not always outlined in end-of -life care plans.

A system was developed to ensure residents with a DNAR status in place have the status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis.

The person in charge confirmed they had good access to the palliative care team who provided advice to monitor physical symptoms and ensure appropriate comfort measures. There were no residents under the care of the palliative team at the time of this inspection.

Judgment:

Substantially Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed the menu and discussed options available to residents. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake, particularly for those for those on fortified diets.

The dining room provided a pleasant environment and residents could help themselves to their choice of breakfast from a buffet each morning. Some residents chose to have their breakfast in their bedroom.

A choice of tea/coffee fruit, buns and biscuits were offered to residents mid morning. Inspectors met with the catering staff member who was clear on the specific dietary requirements of residents and could describe the different textures and the residents

who had specific requirements and told the inspectors that fruit and roughage were included in smoothies served to residents to help prevent constipation.

Residents spoken with during the visit and relatives in questionnaires returned to the Authority praised the food and the choices available to them. Residents' food likes and dislikes were recorded and meals served in accordance with their preferences and dietary restrictions. There was a choice for all residents to include those on pureed diet.

There was ongoing monitoring of residents nutrition using a nutritional screening tool. All residents were weighed monthly or weekly if weight loss was identified. Food and fluid intake records were well completed where a need was identified.

Where weight loss was identified inspectors saw that there was monitoring of residents nutritional and hydration intake and food and fluid charts were completed to help identify when residents were at risk of dehydration and nutritional deficit. The advice of specialists such as a dietician or speech and language therapist was outlined in care plans and available to catering and care staff.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors found that residents were consulted with and participated in the running of the centre. Inspectors observed that staff respected residents' privacy and dignity at all times during the inspection. There was an extensive activities programme in place including regular outings using the centre minibus. However, the system in place to track residents' participation in one to one activities required improvement to provide assurance that all residents had regular opportunities to participate in meaningful activities.

Inspectors reviewed the minutes of the most recent resident meetings which were held on a six monthly basis, and these minutes included details of discussion on issues such as food, staffing and outings. Family forum meetings were also held in the centre to give

residents' family members the opportunity to discuss issues such as complaints, staffing, facilities and activities. A resident and family satisfaction survey had been completed in 2015 to further gauge resident and family satisfaction with the service being provided in the centre.

Residents had the opportunity to participate in a wide variety of activities. The activity calendar for May 2016 was reviewed by the inspectors and included an extensive range of activities including the opportunity to participate in the daily newspaper reading group in the juice bar, arts and crafts, baking, exercise classes, garden therapy in the polytunnels and many other activities. There were weekly outings to mass in the local church, weekly outings to local hotels as part of a social outreach programme, trips to the theatre and local events such as sports days. There were daily scheduled physiotherapy and occupational therapy sessions. Individual activities included one to one exercise, individual Sonas sessions, nail and massage therapy, technology sessions including the use of laptops, and individually tailored multisensory sessions for one resident. On the day of the inspection a group of residents were going on a shopping/bowling trip on the centre's minibus. Inspectors reviewed a sample of the social and recreational care plans in place for residents, which detailed opportunities for residents to engage in activities that were meaningful and purposeful and suited their individual interests and capacities. However, it was not possible for inspectors to track the frequency at which residents had the opportunity to participate in one to one activities, particularly those residents who preferred to spend time in their rooms. There was no system of documentation/recording or audit of the provision of one to one activities in place to provide assurance that there were opportunities for all residents to participate in activities in accordance with their interests and capacities in a regular and meaningful manner. Records were maintained of residents' participation in group activities such as Sonas.

All observed interactions between residents and staff were courteous and respectful, and staff were knowledgeable regarding the individual communication needs of residents, and this was reflected in care plans for residents reviewed by the inspectors. Inspectors reviewed the speech and language care plan for one resident, which detailed speech and language therapy input to devise a communication plan to increase independence and staff were very much involved in facilitating this plan.

Residents had access to independent advocacy services, with details of such services available to residents in the residents guide.

Inspectors observed that there was an open visiting policy within the centre.

Judgment:
Substantially 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:

There was a policy and systems in place to safeguard residents' clothing and personal possessions including valuable items.

Laundry services were outsourced to an external company, although there were adequate laundry facilities in the centre to launder clothes in the centre if necessary. Residents' clothes were all appropriately labelled and the laundry had a series of allocated slots for each resident to ensure residents' own clothes were returned to them. Records of residents' personal property were maintained to ensure it was kept safe.

There was adequate storage provided for the residents within the bedrooms, which comprised of a wardrobe and a bedside locker as a minimum, and all residents had access to lockable storage if required.

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:

The inspector found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the days of inspection. The inspector reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster. Residents and staff spoken with were very positive about the assistance provided by staff and expressed no concerns with

regard to staffing levels. Inspectors observed that staff were available to assist residents and residents were supervised at all times.

The person in charge had completed a Train the Trainer course and provided training to staff in some clinical areas. There was a training matrix available which evidenced that a training programme was on-going to provide staff with the knowledge and skills relevant to the needs of the residents profile for residents. All staff had up to date mandatory training in fire safety, protection of vulnerable adults and manual handling. Additional training and education had been provided in areas such as acquired brain injury, diabetes, dementia care and nutritional care.

All nursing staff were facilitated to engage in continuous professional development and had completed training on medication management. Attendance at cardio pulmonary resuscitation training was facilitated.

There was a detailed policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Recently recruited staff confirmed to the inspector they undertook an interview and were requested to submit names of referees.

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:

Marie Matthews
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:	Clarenbridge Nursing Home
Centre ID:	OSV-0000764
Date of inspection:	04/05/2016
Date of response:	16/06/2016

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 policy in place on the prevention, detection and response to abuse had not been updated to reflect national policy and procedures as outlined in 'Safeguarding Vulnerable Persons at Risk of Abuse' (HSE 2014).

1. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures

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

referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

The policy reference was updated to include the reference for 'Vulnerable Persons at Risk of Abuse' (HSE 2014).

Proposed Timescale: 05/05/2016

Theme:

Governance, Leadership and Management

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

Records of each medicine administered as specified in schedule 3 of the regulations were not being appropriately completed in that inspectors observed that at times nursing staff were signing the medicine administration records before administering the medicines to the residents. This practice is not in accordance with relevant professional guidance.

2. 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 the Chief Inspector.

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

Nurses attended the safe administration of medication training and competency assessments will be undertaken in June 2016

Proposed Timescale: 30/06/2016

Outcome 09: Medication Management

Theme:

Safe care and support

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

The inspectors reviewed a number of the prescription and administration sheets and identified the following issues that did not conform with appropriate medicine management practice:

-The indication for use of all PRN (as required) medicines was not consistently documented on the prescription sheet. Psychotropic medicines had been prescribed for a number of residents on a PRN basis but the indication for use was not documented on the prescriptions sheets and there were no protocols in place as part of behaviour support plans or care plans to guide practice to ensure appropriate consistent

administration.

-A number of medicines prescribed for administration at 9am for certain residents were recorded as administered at 7.30am on some occasions. This issue was discussed with nursing staff on the day of the inspection. However the prescribed times of administration and the actual times of administration of these medicines required review with the prescriber and the prescription sheets required amending to ensure all medicines were administered within one hour of the prescribed time unless otherwise indicated by the prescriber.

3. Action Required:

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

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

- The GP was requested to note the indications for use for PRN medications on prescriptions.
- Behaviour support care plans were reviewed and protocols enhanced to support the nurse in the indications for use of PRNs.
- A review of the prescribed times and actual time of administration was undertaken and the times changed to reflect actual times.

Proposed Timescale: 30/06/2016

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 font used in the complaints policy displayed in the foyer was small and may there for be hard for older residents to read .

4. Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

The font on the policy was enlarged.

Proposed Timescale: 05/05/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

There was no system of documentation/recording or audit of the provision of one to one activities in place to provide assurance that there were opportunities for all residents to participate in activities in accordance with their interests and capacities in a regular and meaningful manner.

5. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Attendance at social and recreational programmes and meaningful activities are recorded for all residents.

Proposed Timescale: 05/06/2016