

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Youghal and District Nursing Home
Centre ID:	OSV-0000307
Centre address:	Gortroe, Youghal, Cork.
Telephone number:	024 90 280
Email address:	youghalnursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Gortroe Nursing Home Limited
Provider Nominee:	Peter Connon
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	54
Number of vacancies on the date of inspection:	0

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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:
11 January 2017 10:00	11 January 2017 18:00
12 January 2017 09:45	12 January 2017 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially 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	Substantially Compliant
Outcome 13: Complaints procedures	Substantially 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	Substantially Compliant

Summary of findings from this inspection

This registration renewal inspection, by the Health Information and Quality Authority (HIQA), was announced and took place over two days. As part of the inspection, the inspector reviewed the pre-inspection, HIQA questionnaire results and met with residents, relatives and staff members. The inspector reviewed a sample of documentation in the centre, for example, care plans, complaints, incident records, policies and staff files.

The person in charge was also the provider and owner of the nursing home. He had been proactive in addressing previous action plans. He stated that he was committed to improving the lives of residents, by complying with the standards and regulations which were set for the sector, under the Health Act 2007. He was supported by two senior clinical nurse managers (CNM2s) and other management personnel.

As the inspection took place in early January, a number of Christmas decorations were still on display. All residents and staff praised the effort that had been put into decorating the centre for Christmas. They spoke enthusiastically with the inspector about the entertainment and meals which had been provided, at this time. A number of residents had gone out with friends and family on Christmas day and there was a general sense of well-being among residents, following the festivities. The inspector found that there was a good quality of care provided to residents. This was monitored and audited, on an ongoing basis. Residents stated that they had ready access to their general practitioner (GP) and to a range of allied health professionals. Staff were knowledgeable of all aspects of the training which had been provided to them. The inspector found that they were aware of the individual needs and choices of residents. Residents were supported to maintain their independence. A wide variety of social and recreational activities, were available to residents. Family involvement was encouraged. Residents told the inspector that their relatives were always welcome.

The centre had been purpose-built as a nursing home and the provider explained that it was consistently being upgraded. For example, new led-light emergency lighting was being installed throughout the building. The centre was found to be bright and spacious. It was well maintained and in very good decorative order. Residents had access to a secure, outdoor patio area. All residents had single rooms with en-suite shower and toilet facilities. There were six double rooms in the centre, which were used for single occupancy. These were spacious and well equipped.

Most of the Outcomes inspected against were found to be compliant with regulations. However, a number of issues required attention. The action plan at the end of the report identified the actions requiring completion, in order 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.

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector viewed the statement of purpose which accurately described the service that was provided in the centre. It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The current copy was dated as reviewed in 2016.

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:

Audit was undertaken in medicines management, falls, health and safety and infection control. The results were reviewed by management staff and actions were addressed.

The management team were knowledgeable of the regulations and standards. The

person in charge, who was also the provider, was supported in the management of the centre by, two clinical nurse managers, the financial manager, the administration staff, maintenance and health and safety personnel.

The annual review of the quality and safety of care was available in the centre. This was viewed by the inspector and it was found to be comprehensive and informative. Consultation with residents and relatives was conducted through satisfaction surveys and meetings. Feedback was generally positive about all aspects of care including, staffing, meals and activity provision.

However, although minutes of staff meetings were available, the inspector found that formal meetings, for all grades of staff, were infrequent.

Judgment:
Substantially 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' guide was seen by the inspector. It was easily accessible to relatives and residents. It contained the information required under the regulations.

Contracts of care had been implemented for residents. A sample of these contracts were viewed by the inspector.

Information was available to residents about upcoming events and available services. This was on display on notice boards in the centre. Newspapers, mobiles phones, radio and TV were seen to be in use by residents.

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/provider worked full time in the centre and was a nurse with extensive experience in all aspects of nursing. The person in charge demonstrated clinical knowledge which ensured that suitable and safe care was provided. He demonstrated knowledge of the legislation and of his statutory responsibilities. He was engaged in the governance, operational management and administration of this centre on a regular and consistent basis. He met with members of the management team and staff. Minutes were maintained of these meetings. He had a personal interest in the centre as it was family owned. He explained to the inspector how his previous, extensive, clinical experience enabled him to promote continuous improvement, for residents' care and staff training.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained accurately in the centre. The designated centre was adequately insured against accidents or injury to residents, staff and visitors. Insurance certification was viewed by the inspector, this was due for renewal in 2017.

Most of the policies required under Schedule 5 of the regulations were in place and were reviewed regularly. However, a small number of policies were out of date. The provider

undertook to update these policies, on a three yearly basis, as required. Staff were aware of how to access the policies and the person in charge stated that these were implemented in practice. Complaints and incidents were documented. Copies of medication errors were maintained. A copy of the statement of purpose, the residents' guide and previous inspection reports, were available. Records were available of discussions, which had been held with residents and their representatives, about CPR (Cardio-Pulmonary-Resuscitation).

The inspector viewed a sample of staff files and found that they were maintained to a high standard. The person in charge stated that all staff had the required Garda Vetting (GV) in place. A sample of files reviewed by the inspector confirmed this. The roster for staff was seen, which correlated with information provided by the person in charge.

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 his statutory duty to inform the Chief Inspector, of the proposed absence of the person in charge and the arrangements in place, for the management of the designated centre during his absence. There were suitably qualified people in place, 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:

The inspector viewed the training matrix. The records indicated that staff had up to date, mandatory, training in the prevention and detection of elder abuse. The supporting policy outlined the various types of abuse and explained the process of investigating allegations of abuse. Staff members, with whom the inspector spoke, were aware of what to do if an allegation of abuse was made. The policy was found to reflect best evidence-based practice.

During the days of the inspection, the inspector noted that staff communicated with residents with a respectful and kind attitude. Residents told the inspector that they felt safe in the centre and that they could approach a member of the management or administration team, if they had any concerns.

A policy was in place in relation to managing behaviour associated with the behaviour and psychological symptoms of dementia (BPSD). This was dated as reviewed in November 2016. Staff spoken with, had received training in how to respond to, and manage this behaviour. Relevant care plans were in place, for staff guidance and to support residents' needs. The centre promoted residents' mobility and independence. There was a comprehensive policy on restraint, which was seen to reflect best evidence-based practice. Where restraints, such as bed-rails, were in use, appropriate risk assessments were seen, in residents' files. Restraint assessment forms and discussion with residents and their representatives were recorded. A daily restraint register was viewed which demonstrated that regular monitoring was carried out. Comprehensive audit on restraint use was undertaken.

Residents' financial records were maintained in a careful manner and these were accessible to the inspector. The centre was authorised to be a pension agent, for some residents. This documentation was seen by the inspector. There was a policy in the centre, to guide staff on the management of residents' personal property and possessions.

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:

A health and safety statement was in place and it was updated in June 2016. The risk management policy was reviewed and risk assessments were updated, when necessary.

Controls were in place to prevent accidents such as falls. For example, handrails were available on each corridor and grab-rails were located in toilets. Copies of risk assessments were seen by the inspector, including the risk assessments for smokers in the centre. The specified area for residents who smoked was located externally. Staff were also allowed to smoke in this area.

The procedures in place for the prevention and control of infection were satisfactory. For example, hand gels were in place and hand wash facilities were easily accessible. A contract was in place for the disposal of clinical waste. Arrangements were in place for responding to emergencies. Suitable fire equipment was provided and there were adequate means of escape from the premises. A record was maintained of daily checks, in relation to fire exits and weekly testing of the fire alarm. The fire alarm panel, fire extinguishers and emergency lighting were seen to be serviced in line with regulatory requirements. The procedure for the safe evacuation of residents and staff was prominently displayed. Staff received training in fire safety and fire drills took place, on a three-monthly basis.

Training in moving and handling of residents was provided to staff. A sample of records viewed by the inspector confirmed this. Documentation was available which indicated that relevant equipment was serviced, when required. Closed circuit TV was in use and this was supported by a policy on its application. Signage, in relation to the use of CCTV, was prominently displayed.

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):
No actions were required from the previous inspection.

Findings:
Policies relating to the ordering, prescribing, storing and administration of medications were last reviewed in September 2016. Appropriate procedures were in place, for the handling and disposal of unused and out-of-date medicines. A sample of the stock and records of controlled drugs were checked and found to be correct. These drugs were maintained, in line with the relevant guidelines, for nurses, set by An Bord Altranais agus Cnaimhseachais na hEireann, in 2007.

Medication administration sheets viewed by the inspector were signed by nurses, following administration of medicines to residents. Medicines were administered within the prescribed timeframes. However, a small sample of medicines were not signed as

having been administered.

Photographic identification was observed on medication administration records chart for each resident, which reduced the risk of medication error. Signed prescriptions were available for each medicine. Medications were reviewed by medical personnel on a regular basis. However, the instructions outlining the dose of a PRN (when required) medicine were not clear.

The clinical nurse managers had undertaken regular audit of medication management and the required actions were attended to, following audit. These results were viewed by the inspector.

Nursing staff had received updated education management training.

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:
A record was maintained of all incidents occurring in the centre. Quarterly notifications were submitted to HIQA, as required.
The person in charge and the clinical nurse managers were found to be aware of the regulations, in relation to notifications.

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:

The inspector reviewed a number of care plans which were in place, for residents. On admission, activities of daily living such as mobility, cognition, nutrition and communication, were assessed. The clinical nurse managers stated that care plans were reviewed on a three monthly basis, or as necessary. This was confirmed by the inspector. Residents spoken with, said they were supported in maintaining good health and in accessing social activity. They were consulted about healthy living choices, including exercise, activity level, mood stability and nutrition. Consultation in relation to care plan involvement, was signed in the care plans, by the resident, or their representative.

The services of allied healthcare professionals were availed of, including speech and language therapy (SALT), dietician, mental health specialist and geriatricians. Comprehensive assessments, using standardised evidence based tools were undertaken, on all aspects of care needs. Documentation and correspondence, around discharge and transfer, including transfer letters to and from hospital, were viewed by the inspector. These were found to contain relevant information about each resident's needs. The centre had employed a physiotherapist to attend the centre twice a week, or when required.

There was an on-going training programme in relation to care issues. The person in charge explained to the inspector that a number of staff were supported to do training courses in areas, such as, end of life care, wound care and gerontological nursing. Knowledge from these courses was then passed on to other staff. Staff confirmed their attendance at these courses. Relatives, spoken with, stated that they were very happy with the medical and social care, provided to their relatives.

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 purpose built to accommodate the needs of older adults. The design and layout of the centre was spacious and suitable, to accommodate the number of residents for which it had been registered. There was plentiful communal space throughout the building. Stylish, comfortable, conservatory sitting rooms were located at the end of each hallway. These were equipped with bookshelves, lamps and large picture windows, which added a relaxing, cosy feeling, to the rooms.

Visitors were observed with residents, in the communal sitting rooms and in the bedrooms. Private areas were also available, for those who wished to visit privately. Residents had suitable wardrobes and lockers, in which to store their clothes and personal belongings. Lockable storage facilities were provided. All residents were accommodated in single occupancy bedrooms, which were spacious and personalised. There was a call bell system in place, next to each resident's bed.

All bedrooms had en suite facilities. There was a sufficient number of extra toilets and a bathroom, to meet the needs of all residents. Sluicing facilities, including bedpan washers, were provided for each unit. The wide corridors allowed space for safe movement of residents in wheelchairs and those using walking aids. Residents were seen moving independently around the centre, utilising their mobility aids, where required. The premises and grounds were well-maintained. There was a maintenance man employed in the centre, who was on duty each day. The person in charge stated that this staff member had worked in the centre for over ten years. He told the inspector that he was diligent about attending to any issues, which were highlighted for attention.

The centre had a large kitchen which was equipped with sufficient cooking facilities and equipment. The staff changing room was adequate. The laundry area was clean and well organised. The staff member spoken with said that there was sufficient equipment and storage available to enable her to work efficiently.

However, while there was a secure external patio/garden area available, the inspector found that this was insufficient safe outdoor space for residents. In addition, the patio/garden space was also used by residents and staff who smoked. The inspector discussed this with the person in charge. He stated that a small number of residents were capable of walking out in the main grounds. He also said that the patio area was much more attractive in the summer, when all the chairs and tables were in place and flower beds were blooming. The person in charge also stated that staff would accompany residents outside to the main grounds, when the weather improved. He explained that he was considering adding on a porch area, or covered extra outdoor area, which would enhance the lives of residents by providing added, secure, external garden space.

Judgment:
Substantially 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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the complaints policy which was found to be in compliance with regulatory requirements. The complaints procedure was displayed in a prominent position in the centre.

The inspector viewed the concerns and complaints logs, which were maintained on the electronic record-keeping system. Complaints, actions taken and outcomes were documented and feedback was given to the complainant. In most cases, the satisfaction or not of the complainant was recorded, as required under Regulation 34. However, for a number of complaints the follow-up section of the complaint form was not completed, in relation to, the satisfaction or not of the complainant. The person in charge explained that these complaints had been resolved verbally. He stated that he would ensure that documentation was available, in future, to demonstrate that the regulations on complaints management were fully adhered to. In addition, a complaint, which was classed as a concern, had not been recorded. The person in charge stated that this had been verbally addressed, with the relative involved. The person in charge, retrospectively, recorded this issue and the satisfactory resolution.

Minutes of staff meetings, reviewed by the inspector, indicated that complaints were discussed, as a learning tool to improve practice.

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:

Staff had undertaken training on caring for residents at end of life. Different religious and cultural practices were facilitated. The person in charge stated that family and friends were facilitated to be with the resident at end of life stage. In addition, there

was a room available, if an overnight stay was necessary. There was an oratory in the centre. This had been set up in one of the conservatory areas on the centre. This location provided wonderful views of the surrounding countryside. It was furnished to a high standard. A staff member informed the inspector that it was used as a quiet room, for family visits and as a reading room, by residents. The inspector observed that the rosary was being said in the main sitting room. The person in charge said that residents enjoyed attending this each day, as it was an opportunity to relax and sit together, after tea. Mass was facilitated monthly and communion was available each Sunday.

Specialist palliative care, including access to the community palliative care team was available, when required. There was a policy on end of life care, which was centre specific. There were no residents receiving end of life care, at the time of inspection. Residents' end of life care wishes, were recorded. The inspector found that residents had signed their advanced wishes, where possible.

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):
No actions were required from the previous inspection.

Findings:

A policy, on all aspects of nutritional intake, was available in the centre. Residents had a nutritional assessment carried out on a regular basis. Residents' weights were checked and recorded. The meals appeared nutritious, plentiful and varied. The chef stated that dietary requirements were accommodated. Meals were available at flexible times, which suited a number of residents. The inspector observed staff offering drinks to residents throughout the day. A menu and choice of food was available, at each mealtime.

Residents requiring support were assisted with their meals in an appropriate manner. Dining tables were nicely set up with suitable cutlery and tableware. Mealtimes were seen to be happy social occasions. Residents communicated and interacted with each other and staff, in a cheerful manner. They spoke about their meals with the inspector and stated that the food was very good. They were heard to order different main courses, as well as a choice of desserts.

The chef had a good relationship with residents and worked in the centre for over ten years. She had received appropriate training in all aspects of her role and in various

aspects of older adult care. She told the inspector that she communicated with the clinical nurse managers and the person in charge, on a daily basis. Charges to dietary requirements made by the dietitian and SALT were brought to her attention. She catered for diabetic, coeliac and modified diets, as well as low fat and high calorie diets. The kitchen was very clean and well stocked with a variety of fresh and frozen food, including, fresh vegetables, home baked goods, fruit and meat. The chef was aware of residents' likes and dislikes. She informed the inspector that she had no problem catering for any resident who did not like what was on the menu. For example, one resident liked a toasted sandwich occasionally and another resident liked to have an omelette, for dinner.

There were tea-making facilities available on each floor. The person in charge stated that these facilities could be availed of by visitors, if they wished to share a cup of tea with a resident.

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:
Residents were consulted, about life in the centre, at residents' meetings. The inspector viewed minutes of previous meetings, which were chaired by an advocate. These were held four times a year. Any issues identified were addressed by the appropriate management personnel. The person in charge, the clinical nurse managers and the administrator, were available to meet with residents, informally, on a daily basis. Satisfaction surveys had been completed in 2016. There was a suggestion box located at the main entrance. Residents were enabled to make choices about how they participated in the centre. This approach facilitated their independence. For example, residents were facilitated to exercise their voting rights, both externally and in the centre. In addition, one resident delivered the daily newspapers and another resident attended to the outdoor shrubs. This resident also fed the fish in the colourful fish tanks. During the inspection, residents were seen to out to events, such as a funeral, with relatives. The person in charge had employed a physiotherapist who attended the centre weekly. There were dedicated activity co-ordinators available in the centre. A

comprehensive list of activities were displayed on notice boards. During the inspection, a music session, an Irish language class, newspaper reading, reminiscence, individual sessions and ball games, were facilitated.

Staff were observed knocking on bedroom doors before entry. All residents were dressed well. On the second day of inspection residents were observed to be wearing different outfits. Residents attended the hairdresser regularly. The inspector observed staff interacting with residents in a courteous manner and addressing them in a familiar and warm manner. Staff were aware of the different communication needs of residents and this was reflected in a sample of care plans, reviewed by the inspector. For example, residents with a cognitive impairment were provided with 'Sonas' and reminiscence therapy. Residents' rooms were seen to be personalised with items from home, including pictures and photographs. There was a residents' guide available to each resident, which provided information on facilities and care provision, for residents.

Residents had access to radio, televisions and newspapers. Residents could use telephone facilities in private, as each bedroom had a phone installed. There were no restrictions on visiting. Relatives and residents, spoken with, confirmed this. Visitors were seen coming and going during the inspection. Religious and spiritual needs were attended to. Transition year and Fetac students attended the centre on work experience. The clinical nurse manager said that this intergenerational link promoted understanding and wellbeing for residents and the students involved.

CCTV (closed circuit TV) was in use in the centre. There was a robust policy to support its use and signage alerted staff, residents and visitors to the use of the cameras. Residents were aware that CCTV was in use, in the centre.

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:
The inspector viewed the policy on personal possessions and clothing. There were good laundry facilities in the centre. Bed linen and personal clothing were laundered internally. Adequate clean supplies were stored in the linen cupboard. Some personal clothing was washed at home.

There was space for each resident to store and maintain their own clothes and other possessions in their bedrooms.

The laundry facility was appropriately equipped to manage the service requirements and staff were able to demonstrate that effective laundering processes were in place. A system, for discreetly labelling belongings, ensured that residents' clothing items would be returned safely.

Judgment:
Compliant

Outcome 18: Suitable Staffing

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

Theme:
Workforce

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

No actions were required from the previous inspection.

Findings:

There was an appropriate number of staff on duty, to meet the needs of residents, according to the person in charge and staff. The skill mix was suitable. All staff had attended mandatory and appropriate training in care of the older adult. The staff roster indicated that nurses were on duty, including at night time, in the centre.

The inspector viewed the training records. These were well organised and accessible. Records indicated a substantial commitment, by management, to the requirements of staff training. Staff told the inspector that they were facilitated to attend external and internal training courses. The centre had a detailed policy on recruitment, which described the screening and induction of new employees.

This also referenced job description requirements, the recruitment process and probation reviews. A sample of staff files were checked. The inspector found that the requirements of Schedule 2 of the regulations were met. An Bord Altranais agus Cnaimhseachais na hEireann registration, was available, for all nursing staff.

The person in charge/provider informed the inspector that concerns had previously been raised, in relation to lack of supervision in the sitting rooms. He stated that the rota for staff had been adjusted and that an extra staff member was now in place, to supervise

residents, at the busiest care times. The clinical nurse managers and the person in charge explained the system of staff supervision, which was in place. Senior members of staff had been appointed as supervisors of various teams. The inspector spoke with a number of these staff members, during the inspection. They explained their roles and the system of delegation and reporting, which had been put in place. However, the management team stated that staff appraisals had yet to be undertaken.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Mary O'Mahony
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:	Youghal and District Nursing Home
Centre ID:	OSV-0000307
Date of inspection:	11/01/2017
Date of response:	07/02/2017

Requirements

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

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

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Meetings for all grades of staff were not held on a frequent basis.

1. Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

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

A structured system is to be implemented whereby a quarterly meeting of all departments is to be held and minutes of same made available to relevant staff. Impromptu, reaction meetings will also be recorded and minutes made available at next structured meeting or sooner, relevancy depending.

Proposed Timescale: 28/02/2017

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:

All mandatory policies had not been updated in line with the regulatory requirement. For example, the policy on communication and the policy on access to, retention of and destruction of records.

2. Action Required:

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

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

The above mentioned policies have been updated in accordance with best practice and the format of all policies is to be changed to single entity word documents which will be made available as hard copy and as read only files on every computer terminal. Older versions of policies will be archived.

Proposed Timescale: 31/08/2017

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:

A staff member had not signed for the administration of a small number of medicines. The dose, to be administered, of a PRN drug, was not clear.

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:

Staff member involved and all other nursing staff have been spoken to and the importance of signing for all medications reiterated.

Mandatory annual medication management study days ongoing.

Dose to be administered of PRN drug has been amended on medication kardex by prescribing GP.

Medication audit results are made available to all visiting GP's.

Proposed Timescale: 07/02/2017

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:

Ensure that there is adequate safe, secure outdoor sitting or walking space, separate from the designated smoking area for residents and staff.

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:

Staff to be facilitated with a separate smoking area. Residents who smoke are to be facilitated within current enclosed garden space. New garden planned for west wing of building to include level access walkways with flowering borders, circumnavigating central gazebo with access to poly-tunnel.

Proposed Timescale: 30/06/2017

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:

There were gaps in the documentation maintained for complaints management:

For example:

-the provider had not documented the satisfaction or not of each complainant.

5. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person

maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

Review of complaints management has been undertaken with an emphasis on documentation and no complaint shall be deemed completed until satisfaction/dissatisfaction is recorded.

Proposed Timescale: 07/02/2017

Theme:

Person-centred care and support

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

A complaint, which was classed as a concern, had been resolved verbally. This had not been recorded.

6. Action Required:

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

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

Complaints/concerns are now being documented in the appropriate section of EPIC and all staff instructed as to the proper recording of same.

Proposed Timescale: 07/02/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Staff appraisals had yet to commence.

7. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

Staff appraisals to commence in 2017 across all departments

Proposed Timescale: 30/06/2017

