

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Nenagh Manor Nursing Home
Centre ID:	OSV-0000422
Centre address:	Yewston, Nenagh, Tipperary.
Telephone number:	067 346 54
Email address:	nenagh@silverstream.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Foxberry Limited
Provider Nominee:	Joseph Kenny
Lead inspector:	Julie Hennessy
Type of inspection	Announced
Number of residents on the date of inspection:	52
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with 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.

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:
05 August 2014 09:00	05 August 2014 17:30
06 August 2014 08:30	06 August 2014 16:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of an announced inspection of Nenagh Manor Nursing Home following an application by the provider to renew the registration of the centre.

The inspector met with residents, relatives and friends of residents, staff, the person in charge, the assistant director of nursing (ADoN) and the operations manager. The inspector observed practices, the physical environment and reviewed documentation such as medical records, risk assessments, policies, procedures and staff files.

The inspector found evidence of good practice across all outcomes. There was evidence of good governance and management in a number of areas including health and safety, medication management and monitoring of the quality and safety of the care that residents received.

The premises were homely, clean, and warm and decor was maintained to a high standard. The dementia care unit within the centre incorporated principles that reflected best practice for dementia care and provided a pleasant and calm environment for residents.

There was a meaningful activities and therapies programme in place, which was specific to the residents' individual needs and abilities. Staff interacted with residents in a respectful, kind and warm manner. Staff were knowledgeable about residents' likes, dislikes and personal preferences.

The inspector found that the multi-occupancy rooms will not comply with the National Quality Standards for Residential Care Settings for Older People in Ireland in 2015, although the provider was engaged in the planning process to address this issue.

Some non-compliances were identified relating to care planning, the provision of mandatory training and the completion of documentation, checks and records. These will be discussed in the body of the report and where not already addressed, included in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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:

There was a written statement of purpose that accurately described the ethos of the centre and service that was provided for residents.

The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 and was kept under review. However, one item of information was inaccurate as the statement of purpose stated that there was one multi-occupancy room whereas there were four. This was addressed immediately following inspection and a revised statement of purpose was issued.

The inspector spoke with staff and found that they were familiar with the statement of purpose and a copy was made available to residents. The inspector found that the statement of purpose was clearly implemented in practice.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a clearly defined governance structure which identified the lines of authority and accountability in the centre. Staff with whom the inspector spoke demonstrated a clear understanding of the management structure.

There was a system in place for monitoring and improving the quality and safety of care and the quality of life of residents in the centre.

A wide range of monthly clinical audits were completed, including in relation to care plans; pressure ulcers; infection control; falls; weight management; continence and oral hygiene. There was evidence of learning from the audits. The person in charge completed an action plan in relation to any gaps identified and the person responsible to address the action(s) within a specific timeframe was documented. Medication management audits were completed by the pharmacist, which covered most aspects of the medication management cycle. The operations manager and the person in charge had a clear plan in place to commence further audits to ensure that all aspects of the medication management cycle were subject to audit.

Feedback was sought from residents. Residents meetings were held every month. The inspector spoke with a resident who confirmed that such meetings took place and the benefit of the meetings. The inspector viewed minutes of meetings. Surveys in the form of questionnaires had also been completed by residents and relatives in relation to the plans to extend the nursing home and a further consultation session was planned.

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):

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

Findings:

Residents had an agreed written contract which included details of the services to be provided and the fees to be charged. A guide for residents in respect of the centre was available, although improvements were required.

The residents' guide did not contain all of the information required by the Regulations, including a summary of the procedure respecting complaints. This was addressed during the course of the inspection and the inspector reviewed the revised version.

The inspector reviewed a sample of residents' files and found that each resident had a written contract that was agreed within a month of admission. The contracts clearly set out the services and the fees to be charged for services provided in the centre. Each resident's contract addressed the care and welfare of the resident in the centre.

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 designated centre was managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the service provided.

The post of the person in charge was full-time. The person in charge had commenced the role three months previously and was being supported in her new post by the operations manager, who was a nurse with extensive experience in care of the older person and the management of nursing homes. The person in charge had previously worked in the centre prior to taking on the role of person in charge.

The person in charge was knowledgeable of the relevant legislation and her responsibilities under the legislation. The person in charge demonstrated her commitment to her own professional development and education. For example, she had completed relevant courses in relation to wound management, dementia and enteral nutrition and was scheduled on an upcoming course in relation to medication management for Directors of Nursing.

The person in charge was also supported in her role in a number of other ways, including by the assistant director of nursing (ADoN) who worked in the centre on a part-time basis. The ADoN was a qualified nurse with extensive experience in care of the older person. A second ADoN who was due to commence shortly in the centre full-time. The nursing home is also part of a group of seven nursing homes and the person in charge confirmed that she was supported by the director of nurses (DoNs) from the other homes as required.

The provider was involved in the governance and management of the centre on a regular basis and visited the centre on a monthly basis. The operations manager also visited the centre monthly and was actively involved in the operation of the centre. Formal meetings with the person in charge took place during such visits.

Staff were able to identify the lines of authority and inspectors spoke with residents and relatives who identified the person in charge and the ADON.

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):

No actions were required from the previous inspection.

Findings:

Complete records were maintained in the centre and overall, records were accurate and up to date. Records were kept in a secure manner and overall, information was easily retrievable.

Whilst all policies required under Schedule 5 of the Regulations were in place and overall gave good guidance, the medication management policy required further development to ensure that it reflected the specific practices in the centre.

The centre had established a directory of residents, although all of the information specified in paragraph (3) of Schedule 3 was not included in the directory. For example, the full contact details of residents' next of kin and general practitioner were not always included, nor was the residents' date of birth or marital status. The directory was updated by the person in charge before the end of the inspection.

The inspector reviewed a sample of staff files and found that they contained all of the information as required under Schedule 2 of the Regulations.

The centre was adequately insured against accidents or injury to residents, staff and visitors.

Judgment:

Non Compliant - Minor

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:

There had been no occasions whereby the person in charge had been absent for more than 28 days. In the case of an emergency, there were suitable deputising arrangements in place. The ADoN was identified as a person participating in management and she would fulfil deputising arrangements as required. Staff were able to identify her as a key senior manager.

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 on, and procedures in place for, the prevention, detection and response to abuse. There were measures in place to safeguard residents and protect them from abuse.

Inspectors spoke with staff and found that they were knowledgeable about the signs of abuse, what constitutes abuse and what to do in the event of abuse. Inspectors spoke with residents and relatives who confirmed that they felt safe in the centre and were very complimentary of how well they are treated by staff.

The provider informed the inspector that there were no known allegations of abuse at the time of inspection.

The centre had a policy in place that was up to date. The inspector was satisfied that there were measures in place to protect residents from financial abuse. Any monies or valuables held for residents were locked in a safe. The inspector found that a clear transaction log was being maintained for any monies held and the amount held corresponded to the records kept.

There was a policy and procedures in place for managing behaviour that is challenging and for the use of restraint.

Although there was a relatively high number of bedrails in use in the centre, the inspector was satisfied that efforts were being made to reduce the use of bedrails. The nursing staff were able to describe steps that had been taken or were being taken to reduce the use of bedrails in that alternatives were considered, including the lowering of beds and the use of 'crash mats'. Records were maintained in relation to the use of bedrails documenting the rationale for the use of any bedrails, consent by the resident (where possible), involvement of the family and sign-off by the general practitioner (GP). Of the sample reviewed, each resident with bedrails had a risk assessment and care plan completed.

Although regular checks of all residents were completed and documented, the safety of residents in the nursing home when bedrails were in use was not specifically monitored and documented, as required by National Policy. Such checks were being completed in the dementia care unit.

The inspector reviewed the files of residents with behaviour that challenges. In the dementia unit, care plans clearly directed the care to be given and there was evidence of multi-disciplinary input into care planning. In the remainder of the nursing home, the inspector found that the care plans did not contain sufficient information to guide staff in relation to managing behaviour that challenges, and care plans needed to be reviewed and updated. This will be further discussed in Outcome 11: Health and Social Care Needs and in the associated action.

Judgment:

Non Compliant - Minor

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:

Overall, the health and safety of residents, visitors and staff was promoted and protected. Improvements were required to ensure that moving and handling techniques

were in line with current best practice.

The centre had policies and procedures relating to health and safety. There was an up-to-date health and safety statement and risk management policy. The items as set out in Regulations were adequately addressed at organisational level in the safety statement and risk management policy.

There was a formal system in place for identifying and addressing hazards in the centre and hazard inspections were completed on a monthly basis.

A range of risk assessments had been recently completed by an external provider including in relation to behaviour that challenges, smoking, the use of hoists, manual handling, housekeeping and waste management. The person in charge had a clear plan for ensuring that all staff would be made aware of the contents of the risk assessments.

While all staff were trained in the moving and handling of residents, the inspector found that safe moving and handling training was not always put into practice as outdated manual handling techniques were observed on a number of occasions over the course of the two-day inspection which could pose a risk to residents.

Satisfactory procedures were in place for the prevention and control of infection, including clear policies, staff trained in infection control, risk assessments and appropriate facilities and equipment. The inspector spoke with staff who displayed an appreciation of the principles of infection prevention and control. The inspector spoke with the cleaning staff member who had received additional training in the use of cleaning agents and the laundry staff member who was knowledgeable about the management of potentially infection laundry.

Arrangements were in place for investigating and learning from incidents or adverse events involving residents with actions clearly documented and discussed at team meetings.

There was an emergency plan in place for responding to emergencies that included events such as loss of heat, power and water. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. There were adequate means of escape and fire exits are clear and unobstructed.

The inspector spoke with staff and found that they were clear about what to do in the event of a fire. There were regular fire drills and the most recent took place on 30/7/2014. There was evidence of learning from fire drills with any issues logged and clearly followed up on.

Suitable fire equipment was provided. Servicing records were in date, including fire alarms serviced on a quarterly basis and fire safety equipment on an annual basis. There was written confirmation a competent person that all the requirements of the statutory authority was complied with.

Judgment:

Non Compliant - Moderate

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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:
Each resident was protected by the designated centre's policies and procedures for medication management.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents that were within date. While overall the policies were sufficient to guide practice, some further improvements were required. For example, the policy did not clearly outline the centre's practice in relation to the transcribing of medications or auditing of medication management. This was previously referenced in Outcome 5: Documentation to be kept at a designated centre and addressed in the associated action.

Actions arising from the previous inspection had been appropriately addressed; crushed medications were prescribed as such; transcribing of medications was in line with professional guidelines and medications were administered at the time for which they were prescribed.

The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. Medications were checked on receipt from the pharmacy and records were maintained. Controlled drugs were managed in line with relevant guidelines and legislation. The inspector carried out a random check of controlled drugs and found that the count was correct.

The inspector observed the medications round and found that the nurse adhered to appropriate medication management practices.

Appropriate procedures were in place for the handling and disposal of unused and out of date medicines, which were segregated from other medications, as required. A record was maintained of medications returned to pharmacy.

Judgment:
Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A computerised record was maintained of all incidents occurring in the centre. From the evidence viewed, all notifiable incidents were notified to the Chief Inspector within the required time-frame under the Regulations. A quarterly report was provided to the Authority as required.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. However, improvement was required to the care planning process.

All residents had access to GP services and there was an out-of-hours GP service available. The inspector reviewed a sample of files and found that residents had timely access to a GP. Residents had been referred to the dentist and there were links with community liaison nurses. The inspector reviewed residents' files and found that a full range of allied health services was available including speech and language therapy (SALT), physiotherapy, dietetics and chiropody. Results of tests and report findings and recommendations were maintained in the residents' notes.

Each resident had an assessment of their activities of living, which were re-assessed on a three-monthly basis, or as changes arose. Risk assessments using validated tools were completed for example, in relation to their mental test score, risk of falls, risk of pressure sore development and their urinary continence. However, some assessments were not updated as required. This had been identified by the person in charge in a recent audit, who demonstrated that an action plan had been implemented to address this gap.

Each resident had a care plan, which was completed and reviewed regularly in line with the Regulations. However, a number of improvements were required. First, resident and family involvement was not always evidenced in care plans. Second, some care plans were difficult to retrieve. Third, there was a separate section on the care plan for documentation of ongoing re-evaluation, however, this section was not used appropriately and sometimes contained interventions and nursing notes without updating the care plan itself; as a result, the interventions in the care plan were not always up to date. Fourth, the interventions for some care needs were not always adequate, for example, a care plan for a resident with insulin dependent diabetes did not clearly outline the interventions required to maintain blood glucose levels within acceptable parameters for that resident. Also, care plans for two residents with behaviour that challenges did not contain sufficient information to guide staff.

The inspector acknowledged that the need to improve care planning had been identified by the person in charge in recent audits and by other key personnel. In response, the person in charge had commenced the roll-out of new care plans; the inspector reviewed a number of these plans and found that they addressed many (but not all) of the gaps identified by the inspector. In addition, the operations manager had organised training in care planning for the staff team.

Each resident had a vital signs sheet that monitored their vital signs, such as blood pressure, temperature and pulse. Blood sugar levels were monitored for residents with diabetes. Monthly weights were recorded. A daily nursing report was maintained.

Where residents refused treatment, this was respected and documented in the residents' files and the resident's GP was notified of such refusals as required.

Judgment:

Non Compliant - Moderate

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 premises was suitable for its stated purpose and met the residents' individual and collective needs in a homely and comfortable way. The premises comprised a home set over three floors and a separate 10-bed dementia care unit. The premises met the requirements of Schedule 6 of the Regulations. However, four multi-occupancy rooms on the second floor of the centre will not comply with the revised Standards by 2015.

Overall, the premises promoted dignity and wellbeing. The centre was well-maintained and there was evidence of a preventative maintenance programme. There was adequate lighting and ventilation and an appropriate heating system in place in the centre. The centre was decorated in a homely manner with sufficient furnishings, fixtures and fittings. On the day of the inspection, the centre was clean and suitably decorated.

There was adequate communal accommodation, with spacious sitting rooms, dining rooms and recreation rooms. There was a separate smoking room, which was safe and adequately ventilated. There was access to secure pleasant outdoor space. Private accommodation was sufficient and there were adequately facilities for residents to meet visitors in private.

Residents' bedrooms were individually decorated with suitable storage facilities for personal possessions. Bedrooms either had wash hand basins or full en-suite facilities with a toilet, shower and wash hand basin. Shared rooms had privacy screening in place to ensure privacy for personal care. There was a safe for the safe-keeping of residents' personal money and valuables.

The centre had four triple or multi-occupancy bedrooms on the second floor. The inspector found that the bedrooms met the needs of the residents' at the time of inspection in terms of dignity, privacy and safety. However, the inspector found that two of the four multi-occupancy bedrooms were restricted in terms of space and would not meet the needs of a resident with a high level of dependency; in particular there was inadequate space to facilitate the use of a hoist in these rooms. The operations manager and person in charge made a commitment that no resident with a high level of dependency would be accommodated in either of these bedrooms.

The four multi-occupancy rooms will not meet the Standards in 2015. The inspector viewed plans to extend the nursing home and address the issue of the smaller of the multi-occupancy rooms.

There was a well kept sluice room in place in the centre. There were adequate staff changing and storage facilities as required by the Regulations. Access to certain areas was appropriately restricted, including the laundry room, sluice room and nurse's office where confidential files and medications were stored.

There was a functioning call bell system in place. A lift was in place for the first and second floors and records of servicing were up to date. Handrails were provided in

circulation areas and on stairways and grab rails were provided in bath, shower and toilet areas. The flooring was in good repair throughout the centre.

Adequate arrangements were in place for the proper disposal of clinical and general waste and a contract was seen for same. Residents had access to equipment that promoted their independence and comfort. Equipment seen by inspectors was found to be fit for purpose and was properly installed, used, maintained, tested and serviced.

There was CCTV in place that was appropriately used for security purposes. Signage indicating the use of CCTV was erected during the inspection on request of the inspector.

Access to and from the dementia care unit was secure. The physical environment was designed in a way that was consistent with the design principles of dementia-specific care units. A conservatory was also provided. Each resident had their own bedroom, which were individually decorated and attractive. Colour, lighting and cues were used to assist with perceptual difficulties and orient residents. For example, bedroom doors were brightly coloured and colour and signage was used to assist residents to locate toilet facilities independently. The unit was well-maintained and pleasantly decorated with colourful art work on the walls that had been created by 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:

The inspector found evidence of good complaints management.

There was a complaints policy in place that was up to date. The complaints procedure was displayed in a prominent location and contained all of the information required by the Regulations.

The inspector reviewed the complaints log which included a record of any complaint, response and whether the complainant was satisfied with the outcome of any complaint. Any complaints to date had been investigated and responded to appropriately.

There was a nominated person to deal with complaints in the centre and a second nominated person to monitor and ensure that all complaints were appropriately

responded to.

The inspector spoke with relatives and residents who confirmed that they would be happy to raise any issues or suggestions with the person in charge or senior staff on duty.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents in the centre received care at the end of their lives that met their physical, emotional, spiritual and psychological needs.

There was a policy on the management of end of life care that was within date.

The inspector found that, although the practice delivered to residents at the end of their lives fully met the needs of residents, improvements were required to ensure that there were arrangements in place for eliciting all residents' end of life preferences.

The inspector reviewed a sample of care plans of residents nearing the end of life or accessing palliative care. Some care plans, for example those viewed in the dementia care unit, were very specific and clearly reflected the individual needs and wishes of the resident. Other care plans were less specific. Care plans however did demonstrate that conversations had taken place in relation to end of life care and that relatives had been involved in such discussions. Improvements required to care plans were previously addressed in Outcome 11: Health and Social Care Needs and in the associated action.

Training records demonstrated that a small number of staff had received end of life training in 2014 and that two staff were trained in the area of palliative care. A training session in relation to end of life care for the remaining staff was scheduled for December 2014 and in the interim, the operations manager had organised for a DoN from another nursing home in the group to visit the centre and guide staff in relation to advanced end of life care planning.

There was access to palliative care services if required from a hospice team. Medical and nursing notes demonstrated input from palliative care for one resident.

Respect for remains of the deceased person was demonstrated by the person in charge. Family were consulted regarding the removal of remains, for example in relation to the choice of undertaker and which family member would look after certain arrangements.

Facilities for family and friends to stay overnight were available, including separate accommodation.

Staff confirmed that they were supported by management following the passing of a resident. The person in charge explained how they told residents of the passing of another resident individually and supported them at such times. A sympathy card was placed beside the visitors book to inform them of the passing of a resident. Staff were facilitated to attend the funeral of any resident who had passed.

Judgment:

Non Compliant - Minor

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 found that residents' nutritional needs were met; special dietary requirements were addressed and the residents' nutritional and hydration status was monitored.

There were a range of policies in place relating to food and nutrition that were within date. Inspectors spoke with staff and found that they were aware of such policies and how they should be implemented in practice.

Each resident had their risk of malnutrition assessed using a validated risk assessment tool, and a re-assessment every three months or more frequently if required. Residents were monitored for changes in weight on a monthly basis, or more frequently if required. A food and fluid intake chart was completed as required. Input from allied health professionals was implemented in practice; for example, the inspector reviewed the care plan of a resident who had been referred to the SALT and the care plan reflected the specific advice of the SALT review. A resident with clinically significant weight loss had been referred to a dietician and to the tissue viability nurse. Nutritional supplements were administered as prescribed by the GP.

The inspector spoke with the chef on duty who was knowledgeable regarding residents

special diets, likes and dislikes. There was a folder of residents on special diets in the kitchen. The chef was aware of different types of modified diet and was able to describe how to fortify foods correctly. The chef described changes he had made based on advice of the dietician.

Residents were offered a varied nutritious diet, as evidenced by previous menu plans. A menu was displayed on each table and choice was offered at every meal. A number of the residents told inspectors that the food was very good. Inspectors saw a variety of home-cooked food including homemade soups, scones and brown soda bread. Food was presented and served in an attractive manner and those on a modified consistency diet received the same choice as those on other diets.

Residents stated that food, drinks and snacks were available to them at all times. A variety of hot and cold drinks were available throughout the day and water dispensers were located throughout the centre. Staff were observed offering and encouraging drinks throughout the two inspection days.

Meals were served in different dining rooms, depending on the needs and wishes of the residents. The tables and chairs were suitable and table settings were attractive with condiments and napkins provided. A choice of drinks was offered. Food was served hot from a hot trolley brought from the kitchen. The atmosphere during dinner was relaxed and unhurried. Staff were observed to offer assistance to those who required it while encouraging other residents to eat independently. There were sufficient staff available to assist during mealtimes.

In the dementia care unit, the atmosphere was also relaxed and unhurried. Dementia-specific principles were incorporated into meal-times, for example, brightly coloured bowls were used to aid residents to distinguish foods and aid visual and other difficulties.

EHO (environmental health officer) reports were maintained in the centre. Training records indicated that staff had received training in relation to the use of a malnutrition risk assessment tool. The person in charge had completed additional training in relation to enteral nutrition. The chef had completed HACCP (Hazard Analysis and Critical Control Points) training which involves maintaining a food safety management system, as had a number of other 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:

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

No actions were required from the previous inspection.

Findings:

Inspectors found that overall, residents were consulted about how the centre was organised; the privacy and dignity of residents was respected; residents were facilitated to exercise their rights and their communication needs were met.

Inspectors noted that the privacy and dignity of residents was well respected. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Residents had individualised toiletries stored in their bedrooms.

Adequate screening was provided in multi-occupancy rooms. Residents spoken with confirmed that their privacy was maintained.

There were no restrictions on visits except when requested by the resident or when the timing of the visit presents a risk. The inspector spoke with a relative who confirmed that visits were fully accommodated by the centre.

Feedback was sought from residents via residents meetings, which took place every month. The inspector reviewed the minutes of meetings regarding discussions around activities, food, trips and any other issues the residents wished to raise. The inspector spoke with a resident who confirmed that such meetings took place and that residents could freely express views and raise issues at such meetings.

Residents were facilitated to receive visitors in private with the choice of a number of rooms.

The inspector spoke with staff who were aware of residents' communication needs and there was evidence of referrals if any residents had communication impairment or was experiencing difficulty.

Inspectors heard staff addressing residents by their preferred names and speaking in a clear and appropriate manner. Residents spoken to confirmed that staff were kind and treated them with respect.

Residents' religious and political rights were facilitated. The person in charge told inspectors that residents were facilitated to vote. Mass was celebrated weekly in the centre and residents who wished to attend could attend. Communion was served three times a week by visiting Eucharistic Ministers.

Residents had access to radio and television. Some of the residents were observed reading. Residents had access to a telephone to take calls in private.

The inspector found that each resident had opportunities to participate in meaningful

activities that residents' confirmed they enjoyed and found interesting.

There was an activities coordinator in the centre, who along with another staff member, was also a licensed Sonas practitioner (Sonas is a therapeutic activity programme that enhances communication for residents living with dementia or cognitive impairment).

Each resident had an activities assessment and plan which was very individual and specific. The inspector viewed an assessment and plan that described how the resident enjoys walks, flower arranging, being in the conservatory and in particular, music. There was a progress/evaluation record maintained that tracked how the resident's quality of life was improved through activities.

The daily and weekly activities schedule was displayed and included bingo, ball games, exercise, music, knitting, art and nail/hand care. Arts and crafts were organised weekly by the activities coordinator and residents' artwork was displayed throughout the centre.

Celebrations took place at times like Christmas, St. Patrick's Day, Easter and for residents' birthdays. The chef had a list of residents' birthdays in the kitchen and explained how a cake was baked for each resident on their birthday.

Links were maintained with the local community. The inspector noted that a number of trips and activities had taken place in the preceding months, including a 'fish and chips night', a bonnet-making competition, tea in a nearby hotel and going out to a film. One resident told the inspector how much satisfaction she gained from an annual event that involved knitting items of clothing as part of fund-raising by residents for the local hospice. A number of residents confirmed that they go out to visit or home with family. A musician visited the centre fortnightly and the inspector observed residents enjoying such a session, which took place on one of the inspection days.

There was a visible open door policy with friends and relatives visiting those living in the centre throughout the two-day inspection. Recently, a volunteer programme had been commenced and two volunteers were due to commence in the centre in the near future

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:

There were appropriate arrangements in place for the management of residents' clothing, personal property and possessions.

There was a policy on the management of residents' property and valuables that was in date.

A property checklist was completed on admission for each resident for clothing and any personal property and was contained in each resident's file. Residents were facilitated to retain control over their own possessions and clothing, should they wish to do so. Adequate personal storage space including a wardrobe and bedside locker was provided in each resident's bedroom.

Residents' laundry was managed in the centre. There was a laundry room with space for washing, sorting, drying and ironing clothes. Clothes were discreetly labeled. Care was taken of residents' personal clothing and residents told the inspector that their clothing did not go missing.

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 there were sufficient staff with the right skills and experience to meet the assessed needs of residents; staff had access to education and training to meet the needs of residents and; there were appropriate recruitment, vetting and supervision systems in place. However, not all mandatory training was up to date.

The inspector found that, at the time of inspection, there were sufficient staff numbers with the right skills and experience to meet the assessed needs of residents.

The person in charge explained how staffing levels were determined by the dependency

level and needs of the residents. The person in charge maintained an up to date record of the dependency level of each resident. There was an actual and planned staff rota and the planned rota matched the staff on duty on the inspection days. The rota demonstrated that there was a nurse on duty at all times.

There was a training programme in place for staff. However, some mandatory training was not up to date, including in relation to refresher training for fire safety, the protection of vulnerable adults, and training in relation to behaviour that challenges. The person in charge took action to address this gap and scheduled staff that required training on the respective training courses prior to the end of the inspection.

Staff were supported to complete additional training and education relevant to their role, including; infection control, medication management, first aid, continence care, wound care, food safety, dementia and falls prevention. The inspector spoke with staff and found that they were aware of the Regulations and Standards.

There were written policies and procedures relating to the recruitment, selection and vetting of staff, which were within date. The inspector reviewed a sample of staff files and found that all documents required under Schedule 2 of the Regulations were maintained.

There was a policy in place in relation to volunteers that set out the recruitment process and roles and responsibilities of volunteers. The policy clearly detailed the requirement for Garda vetting and reference checks for all volunteers.

An annual staff appraisal system was in place and documented in staff member's files.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Nenagh Manor Nursing Home
Centre ID:	OSV-0000422
Date of inspection:	05/08/2014
Date of response:	08/09/2014

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.

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 medication management policy required further development to ensure that it reflected the specific practices in the centre, in particular in relation to transcribing.

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:

Nenagh Manor Nursing Homes Medication Management Policy has been review and

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

amended to reflect the requirements relating to medication transcribing and practices within the home.

Proposed Timescale: 05/09/2014

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The safety of residents when bedrails were in use was not specifically monitored and documented, as required by National Policy.

Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Action taken within the home immediately, use of bedrails is now monitored and documented

Proposed Timescale: 08/08/2014

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Safe moving and handling training was not always put into practice as outdated manual handling techniques were observed on a number of occasions over the course of the two-day inspection.

Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

Manual handling training for all staff is up to date up and complies with current best practice in Manual handling techniques. All staff have read and understand the company's policy and procedures in relation to Manual Handling within the home. The use of specific assistive technology required to transfer all residents will be identified

within the residents care plans. The company Physiotherapist will assist in a comprehensive review of all residents who require assistance in transferring and mobilising.

All Nursing staff will receive an up to date manual handling report on the respective residents within their team.

It is the role of the Director of Nursing, Assistant Director of Nursing and staff nurse to continually supervise and guide the safe practice of transferring residents in the home.

Manual Handling techniques have been placed on the agenda of our next clinical governance meeting and logged in the homes risk register.

Proposed Timescale: 31/12/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Care plans did not always reflect resident and family involvement; some care plans were difficult to retrieve; interventions were not always reflective of the resident's current status; documentation was confusing; assessments were not always up to date and the interventions for some care needs were not always adequate.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

A sample number of Care Plans are currently audited by DON on a monthly basis. Care plans will now be reviewed by nurses on monthly basis and validated by DON. The Operations Manager reviews the findings of each monthly audit.

Each nurse will review the specific care plan of the residents in their team. The care plan review and observations will be done in consultation with the resident or the next of kin.. Schedule is in place since 14.07.14 for the monthly update of resident assessments.

The Operations Manager is currently rolling out training throughout the group specifically focusing on the development of Person Centred care planning.

Proposed Timescale: 31/12/2014

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Improvements were required to ensure that there were arrangements in place for eliciting residents' end of life preferences well in advance of any deterioration of their physical or cognitive health.

Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

Staff to receive training – End Of Life Care on the 16th of December 2014. Care plans to reflect on the physical, emotional, social, psychological and spiritual needs. Arrangements to be in place for eliciting all residents' end of life preferences.

Proposed Timescale: 31/12/2014