

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kerlogue Nursing Home
Centre ID:	OSV-0000240
Centre address:	Kerlogue, Wexford.
Telephone number:	053 917 0400
Email address:	info@kerloguenursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Candela Healthcare Limited
Provider Nominee:	Edele Lee Morris
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	85
Number of vacancies on the date of inspection:	4

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:
08 May 2017 10:30	08 May 2017 18:30
09 May 2017 09:00	09 May 2017 15:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 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	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, incident logs, policies and procedures and staff files.

The inspector also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate. In total 23 questionnaires were returned. Questionnaires were mainly positive, with respondents stating they were happy with the service provided and were aware of the complaints' process although most said it was never necessary. Some stated that residents were free to walk around the centre at their leisure while others suggested it was important for residents to have access to a garden area at the front of the building. All residents said they felt safe while some relatives described how staff went the extra mile for residents. One resident said that staff give her a hug and she feels safe.

As part of the registration renewal process, interviews were carried out with person in charge and the person authorised to act on behalf of the provider.

Overall, the inspector was satisfied that residents received a quality service. There was evidence of a substantial level of compliance, in a range of areas, 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.

The safety of residents was promoted. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided.

Improvement was required to some aspects of medication management. In addition some notifications had not been received by HIQA in line with the regulations.

These are discussed further in the report and included in the action plan at the end.

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 was satisfied that the statement of purpose, which had recently been updated, met the requirements of the regulations. It accurately described the service that was provided in the centre and the facilities available.

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:

The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis.

There was a clearly defined management structure in place. The inspector saw that regular meetings took place with all grades of staff.

Audits were being completed on several areas such as incidents, premises, activities and meal times. The inspector saw that action plans were put in place to address any issues and the results of these audits were shared with all staff at team meetings and used to inform the annual review of the quality and safety of care delivered to residents.

Resident satisfaction surveys were also completed on an annual basis. There was evidence that the recommendations from residents were taken on board. For example, at the residents' behest, an additional music session was now provided each Friday.

Judgment:

Compliant

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector read a sample of completed contracts and saw that they met the requirements of the regulations. They included details of the services to be provided and the fees to be charged.

The inspector read the Residents' Guide and noted that it too met the requirements of the regulations and was readily available to residents and relatives.

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 is a registered nurse with the required experience in nursing older people and worked full time in the centre.

The person in charge had maintained her continuous professional development having previously completed courses in gerontology and management. She continues to attend clinical courses such as gastrostomy reinsertion and dementia care.

During inspection, the person in charge demonstrated sufficient knowledge to ensure suitable and safe care is provided to residents. The inspector was satisfied that the person in charge was engaged in the governance, operational management and administration of this centre on a regular and consistent basis.

The inspector noted that she was well known to residents, relatives and staff.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the regulatory requirement to notify HIQA should the person in charge be absent for more than 28 days. To date this had not been necessary.

The assistant director of nursing deputises for the person in charge in her absence. The inspector met with this person during the inspection and found that she was aware of her responsibilities and had up to date knowledge of the regulations and standards.

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):

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

Findings:

The inspector found that measures were in place to protect residents from being harmed or abused. Actions required from the previous inspection relating to restraint and responsive behaviours were completed.

A restraint-free environment was promoted and efforts were underway to reduce the use of restraint. The inspector noted that appropriate risk assessments had been undertaken. Staff spoken with confirmed the various alternatives that had been tried prior to the use of bedrails. Additional equipment such as low beds and sensor alarms had also been purchased to reduce the need for bedrails. The provider nominee said that additional equipment would also be purchased as the need arises.

Action required from the previous inspection relating to safety checks when restraint was in use had been completed. The inspector saw that this was now recorded via a computerised system.

Because of their medical conditions, some residents showed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector saw that assessments had been completed and possible triggers and appropriate interventions were recorded in their care plans. This had been identified as an area for improvement at the last inspection. There were policies in place to guide staff about managing responsive behaviours.

The inspector saw evidence of regular support from the psychiatry of later life services.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. Extensive training had been undertaken by the management team who now provided training for staff. Training records confirmed that all staff had attended training. Additional sessions were also scheduled.

Residents' monies continued to be managed in a safe and transparent way, guided by a policy.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the provider and person in charge had prioritised the safety of residents.

There was a health and safety statement in place. The inspector read the risk management policy which met the requirements of the regulations. The risk register was updated on a regular basis.

Robust procedures for fire detection and prevention were in place. Servicing records were up to date. All staff had attended fire training.

Both daytime and night-time fire drills were carried out on a regular basis. Emergency evacuation plans were developed for all residents taking into account the number of staff required to evacuate the resident and the ideal means of evacuation.

The inspector read the emergency plan and saw that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood, water shortage or power outage. In addition alternative accommodation for residents was specified should evacuation be required.

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):

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

Findings:

Although there were examples of good practice improvement was required to ensure that each resident was protected by the centre's procedures for medication management.

Some residents required medication to be given as and when required (PRN). However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded in line with national guidelines. This had been identified as an area for improvement at the last inspection and had not been fully addressed within the agreed timescale.

In addition the inspector saw that some residents had their medication administered at 07:00am although the prescription stated 08:00am. It was unclear from staff spoken with if this was at residents' request or to suit staff routines. There was no evidence that this early administration was for a particular medical condition. This was discussed in detail with the person in charge.

Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy. The pharmacist was available to meet with residents if required.

A secure fridge was provided for medicines that required specific temperature control. The temperature, which was monitored daily, was within acceptable limits at the time of inspection.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that HIQA had not been informed of some notifiable events as required by the regulations. This included both quarterly notifications and some other incidents

This was discussed with the provider nominee and person in charge who undertook to

provide the necessary documentation.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

The inspector saw that the arrangements to meet each resident's assessed needs were set out in individual computerised care plans. It was noted at the previous inspection that some care plans did not always contain sufficient detail to guide staff. In the sample of care plans reviewed the inspector saw that this had been addressed. There was evidence of resident or relative involvement at development and review. The inspector noted ongoing development work in this area with regular audits and additional training for staff.

The inspector reviewed the management of clinical issues such as wound care, weight loss and diabetic care and found they were well managed and guided by robust policies.

Documentation in respect of residents' health care was comprehensive and up-to-date. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. Physiotherapy was available within the centre. Chiropody, dental and optical services were also provided either locally or in the centre. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes. When required the care plans were updated to reflect the recommendations, an action required from the previous inspection.

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):

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

Findings:

As described in previous inspections, this is a two-storey purpose-built centre.

The centre was bright, furnished to a high standard and clean throughout. There were appropriate pictures, furnishings and colour schemes.

Currently there are 63 single, eight twin, two three bedded and one four bedded room, all have en suite facilities. Staff discussed plans to reconfigure the four bedded room although no start date was yet available. The three and four-bedded rooms catered for residents with high dependency needs and were fitted with ceiling track hoists to aid residents with positioning and transferring.

The bedrooms were personalised with photos, flowers, furnishings, residents own furniture and rugs. Residents were very complimentary about centre.

Two lifts and stairs provided access between the floors. Other accommodation includes two dining rooms, an oratory, two day rooms with an additional seating area upstairs, a parlour and a library. The parlour was especially popular with residents including residents with dementia. It was decorated in an old style with wallpaper and dressers.

The inspector saw ongoing improvements to make the premises more dementia friendly. This included additional signage and the use of colours to aid orientation.

Recent building work was nearing completion. This will provide additional communal space on the ground floor as well as extending the dining room.

There was access to several enclosed gardens as well as other well maintained grounds around the building although building works are currently underway there, restricting access.

Adequate parking was available to the front.

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the complaints procedures in place to ensure they were in line with the regulations.

Some information had been received by HIQA. The inspector noted that in one case full details were maintained in the complaints' log including the level of satisfaction of the complainant. There was no evidence that the other information received had been brought to the attention of the provider or person in charge.

There was a complaints' policy in place and the inspector noted that it met the requirements of the regulations.

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:

The inspector was satisfied that, on the days of inspection, there were appropriate staff numbers and skill mix to meet the assessed needs of residents. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

A recruitment policy in line with the requirements of the regulations was implemented in practice. The inspector examined a sample of staff files and found that all were complete. The inspector saw that a checklist was in place to ensure that all staff files met the requirements of the regulations. In addition, a full exploration of employment history and gaps in employment was undertaken and documented.

Assurance was given by the provider nominee that garda vetting was in place for all staff.

There were no volunteers attending the centre at this time. The management team were aware of the requirements of the regulations in this regard.

The inspector confirmed that up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty.

The inspector saw evidence of induction and staff appraisal systems in place. The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training in swallowing difficulties, dementia care, the management of responsive behaviours and infection control.

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:

Sheila Doyle
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:	Kerlogue Nursing Home
Centre ID:	OSV-0000240
Date of inspection:	08/05/2017 and 09/05/2017
Date of response:	22/05/2017

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 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:

For medications to be administered as and when required, the maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

Some residents had their medication administered at 07:00am although the prescription stated 08:00am. It was unclear from staff spoken with if this was at residents' request

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

or to suit staff routines.

1. 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:

Maximum dose PRN prescriptions are currently being reviewed and updated as per policy. All Kardexs will be completed by 01/09/2017.

Reviewing with resident GP and updating the time of administration of drugs to suit resident's needs is ongoing.

Proposed Timescale: 01/09/2017

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

HIQA had not been informed of some notifiable events as required by the regulations.

2. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

After our inspector bringing this to our attention, the outstanding notifiable event was forward immediately. Complete

Proposed Timescale: 17/05/2017

Theme:

Safe care and support

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

HIQA had not received some quarterly notifications as required by the regulations.

3. Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set

out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

Proposed Timescale: 17/05/2017