



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Carna Nursing and Retirement Home
Name of provider:	Teach Altranais Charna Cuideachta Neamhtheoranta
Address of centre:	Teach Altranais Charna, Cuideachta Neamhtheoranta, Carna, Connemara, Galway
Type of inspection:	Unannounced
Date of inspection:	09 July 2024
Centre ID:	OSV-0000398
Fieldwork ID:	MON-0044184

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Carna Nursing & Retirement Home is a single storey, modern, spacious, purpose built facility established in 2003 set in the Connemara village of Carna. It is located beside the sea and has view of the mountain-scape and a fishing harbour. The centre accommodates both male and female residents with nursing care needs, dementia, physical and mental disability, respite care, convalescence and palliative care.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	51
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 9 July 2024	10:15hrs to 17:45hrs	Una Fitzgerald	Lead
Tuesday 9 July 2024	10:15hrs to 17:45hrs	Sean Ryan	Support

## What residents told us and what inspectors observed

Residents living in Carna Nursing and Retirement Home told the inspectors that the centre was a 'safe' and 'homely' place to live and attributed this to the relationships they had formed with other residents and staff. Residents were satisfied with the quality of care they received, and described how staff supported them to be independent, and feel part of their community.

Inspectors were met by the person in charge on arrival at the centre. Following an introductory meeting, the inspectors walked through the centre, reviewed the premises, and spent time observing the care provided to residents, talking to residents and staff.

There was a warm and welcoming atmosphere in the centre. Residents were observed enjoying each other's company in a variety of communal areas, such as the dayrooms and dining room. Residents reported a high level of satisfaction with the quality of care and support they received from staff. Residents told the inspector that staff were prompt to answer their call bells, did not make them feel rushed, and spent time chatting with them throughout the day. Residents were familiar with the staff that provided them with care and support, and this made them feel safe and comfortable in their care.

Inspectors spent time in the different areas of the centre chatting with residents and observing the quality of staff interactions with residents. Staff interactions were respectful and attentive to the care needs of the residents. Staff assisted residents in a discrete and supportive manner. Staff demonstrated a good knowledge of residents, their individual needs and preferences.

Residents were complimentary about their bedrooms, and the comfortable furnishings provided. There was adequate storage facilities for residents clothing and personal possessions. Residents accommodated in multi-occupancy bedrooms told the inspector that they enjoyed the company of the other residents occupying the bedroom. Inspectors observed that although shared bedrooms were large and spacious, the position of privacy screens in shared bedrooms did not always provide residents with adequate privacy or equitable space. This had been brought to the attention of the provider during previous inspections of the centre.

Some areas of the premises were not maintained in a satisfactory state of repair. Floor coverings were in a poor state of repair, and consequently appeared unclean. Inspectors observed a lack of hand-wash sink facilities to support effective infection prevention and control.

Throughout the day, residents were engaged in meaningful activities. Some residents chose not to participate in activities, and their choice was respected. Activities observed during the inspection included live music and was attended by a

large group of residents. Residents told the inspector that they enjoyed the activities on offer.

The following sections of this report details the findings with regard to the capacity and capability of the centre, and how this supports the quality and safety of the service being provided to residents.

## Capacity and capability

This unannounced risk inspection was carried out by inspectors of social services to;

- monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended).
- follow up on the actions taken by the provider to address issues of non-compliance identified on the last inspection in January 2024.
- follow up on information received by the Chief Inspector

This inspection found that the registered provider had taken some action to sustain progress made following the previous inspection, to ensure that the care delivered to residents was of a high quality. An effective management structure had been put in place, resulting in positive progress being made. Notwithstanding this progress, inspectors found that the management and oversight of records was not fully effective and impacted on the compliance of regulations, such as

- the contracts for provision of service,
- risk management,
- policies relating to the management of residents finances,
- the centres' statement of purpose.

Inspectors also found that little progress had been made to address the works required to ensure compliance with Regulation 27: Infection prevention and control.

In addition, this inspection found that some of the resources for the centre were being shared with a nearby health care service. The potential impact and risk associated with sharing of resources had not been identified or mitigated against by the registered provider. Previous inspections of this centre found that systems of governance and management were not effective and any positive changes made were not sustained. This resulted in poor outcomes for residents. As a result, as part of the centres renewal of registration in May 2023, the Chief Inspector had attached a restrictive condition to ensure that the centre had effective clinical governance and staff supervisory structure of a full-time person in charge, supported by an assistant director of nursing. This inspection found that the person in charge did not work in a full-time capacity, however, the governance systems in the centre had stabilised resulting in much improved regulatory compliance found on this inspection.

Teach Altranais Charna Cuideachta is the registered provider of the centre. The registered provider was represented by a director who had a strong presence in the centre. Within the centre, the person in charge was supported by a general manager, an assistant director of nursing, and a clinical nurse manager, all of whom worked in a supervisory capacity. A team of nurses, healthcare assistants and support staff were rostered at levels adequate to meet the assessed needs of residents. This management and staffing structure was found to be effective.

The centre was registered to accommodate 51 residents. On the day of inspection, there was 51 residents living in the centre, with no vacancies. There were sufficient numbers of suitably qualified nursing, healthcare and household staff available to support residents' assessed needs.

A review of the risk management systems in the centre found that while day-to-day risks were identified and managed within a risk register, a recent change to the resourcing of the centre had not been risk assessed.

A review of the incident and accident log found that incidents that required medical review were not notified to the Chief Inspector, as required by the regulations.

The provider had reviewed the systems in place to manage residents finances, and improvements were noted in relation to the documentation of financial transactions. However, there was no clear policy and system in place to ensure that residents had access to, and retained control over their personal finances.

The inspectors reviewed a sample of staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. However, inspectors found that recently recruited staff had commenced in the centre prior to the receipt of a valid garda vetting.

Records reviewed by the inspectors confirmed that staff training was provided through a combination of in-person and online formats. All staff had completed role-specific training in safeguarding residents from abuse, manual handling, infection prevention and control, the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and fire safety.

The person in charge held responsibility for the review and management of complaints. At the time of inspection, all logged complaints had been resolved and closed. A review of complaints management found that all complaints had been appropriately managed, in line with the centre complaints management policy.

## Regulation 15: Staffing

A review of the rosters found that there was adequate staffing levels in place to meet the needs of the residents, and for the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to, and had completed training, appropriate to their role.

Judgment: Compliant

### Regulation 23: Governance and management

The management systems in place to ensure oversight of risk, and record-keeping were not fully effective.

- Poor record management as described under Regulation 21: Records.
- Failure to submit required notifications to the Chief Inspector
- Inadequate documentation of adverse incidents in the centre

In addition, the registered provider had not made progress with regard to addressing repeated non-compliance in the management of infection prevention and control. Outstanding works committed to by the provider following the last inspection, including the provision of hand hygiene sinks and the replacement of flooring that was in a very poor state, had not been completed.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

A sample of residents contracts were reviewed and did not comply with the requirements of the regulations.

Some residents contracts for the provision of services did not contain details of the fees to be charged for all services provided to residents. For example, the contracts did not contain details of the fees for additional services charged to residents that are not covered under the Nursing Home Support Scheme.

Judgment: Substantially compliant



### Regulation 3: Statement of purpose

Inspectors found that the organisational structure of the designated centre and the allocation of management resources was not fully in line with centre's statement of purpose. For example, the person in charge was not working full time hours.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

A review of the logged complaints found that concerns were promptly managed and responded to, in line with regulatory requirements. The satisfaction level of the complainant was recorded.

Judgment: Compliant

### Regulation 21: Records

Staff records reviewed on inspection did not meet the requirements of Schedule 2 of the regulations. For example, the provider had failed to ensure that valid Garda Vetting was on file for staff prior to commencing employment in the centre.

The recording and reporting of incidents and accidents were not documented, in line with the requirements of Schedule 3 of the regulations. For example, a review of the incident log found that the detail of incidents were not always documented and investigated. This meant that the cause of the incident and any learning could not be established. This is a repeated finding from the last inspection.

A review of the incident log in the centre found that incidents were not always notified to the Chief inspector, in line with the requirements of Schedule 4 of the regulations. For example, the inspectors found three examples whereby the provider had failed to submit a notification relating to an injury that required medical treatment. This is a repeated non-compliance.

Judgment: Not compliant

## Quality and safety

Overall, residents' health and social care needs were maintained by a satisfactory standard of evidenced-based care and support from a team of staff who knew their individual needs and preferences. Residents were satisfied with their access to health care and reported feeling safe and content living in the centre. However, this inspection found that residents were not always supported to retain full control of their personal finances or exercise choice in relation to additional costs relating to services that they may require.

In addition, there were aspects of the premises and associated facilities that were in a poor state of repair, and did not support effective infection prevention and control management. Additionally, this inspection found that the provider had not addressed the issues with the physical environment to ensure it met the needs of residents in terms of their privacy needs.

A review of the management of resident personal possessions, including finances had been completed. Inspectors found that there was no clear system in place for residents to immediately access their finances. This was indicative of a lack of a clear policy, procedure and process to underpin a safe and effective management system.

Inspectors found that some action had been taken following the previous inspection to support effective infection prevention and control measures. This included the appointment of a housekeeping supervisor to oversee the implementation of the centre's cleaning procedure and the quality of environmental hygiene. Equipment to support effective infection prevention and control had also been procured. This included cleaning trollies, and a refrigerator to segregate and store specimens awaiting transport for laboratory analysis. The centre was found to be visibly clean, with the exception of areas of the centre where deficits in the premises, such as impaired floor coverings, compromised effective cleaning. Inspectors found that the provider had failed to ensure that the facilities in place to support hand hygiene were in line with best practice guidelines. Consequently, there was inadequate hand hygiene sinks located within close proximity to areas of the care environment.

A sample of residents' assessment and care plans were reviewed. Residents' needs were assessed on admission to the centre through validated assessment tools in conjunction with information gathered from the residents and, where appropriate, their relative. The information was used to develop care plans that provided person-centred information on the current care needs of the residents.

A review of residents' records found that there was regular communication with residents' general practitioners (GP) regarding their health care needs and residents had access to their GP as requested or required. Arrangements were in place for residents to access the expertise of allied health and social care professionals for further assessment.

Inspectors observed that residents were free to exercise choice in how to spend their day. However, inspectors found that residents were not always afforded choice with regard to the services they may choose, or not choose to avail of, and the charges for such services. For example, while residents were provided with access to therapies that incurred a charge, residents were not provided with a choice to access services that may be available to them free of charge through the general medical scheme.

### Regulation 27: Infection control

Infection prevention and control procedures were not consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. This was evidenced by;

- Poorly maintained areas of the premises that impacted on effective cleaning where floors in the dining area, residents bedroom and bathrooms were visibly torn and damaged. This impacted on effective cleaning of those areas and contributed to malodour.

The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- Facilities to support effective hand hygiene were not appropriate for the care environment. With the exception of sinks within toilets, a sluice room, and staff room, there were no clinical hand wash sinks available for staff use. In some areas, staff had to travel significant distance to access a hand wash sink. This practice increased the risk of cross infection.

This is a repeated non-compliance.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were observed to be person-centred, and updated at regular intervals.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to appropriate health and social care professional support to meet their needs. Residents were provided with access to a general practitioner (GP) as required or requested.

Services such as physiotherapy, speech and language therapy, tissue viability nursing expertise, palliative care and dietitian services were available to residents through a system of referral. The recommendations from health and social care professionals was acted upon which resulted in good outcomes for residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider did not ensure that resident's rights and dignity were consistently upheld. For example;

- there was inadequate privacy screening in shared occupancy bedrooms. This is a repeated non-compliance from the last two inspections.
- Residents choice was not respected in the context of the services they availed of in the centre. For example, residents were not informed of the services and therapies available to them under the general medical service. Consequently, residents were required to pay for services and therapies for which they may be entitled to avail of free of charge.

Judgment: Substantially compliant

### Regulation 12: Personal possessions

The systems in place to manage resident's finances was not robust. The provider supported a significant number of residents to manage their pension payment through an dedicated residents bank account. There was no clear system in place for residents to facilitate timely access to their finances.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 21: Records	Not compliant
<b>Quality and safety</b>	
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant

# Compliance Plan for Carna Nursing and Retirement Home OSV-0000398

Inspection ID: MON-0044184

Date of inspection: 09/07/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

**Section 1**

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Garda Vetting is completed by the General Manager and no staff are permitted to work on the premises unless they have garda vetting completed and processed fully.</p> <p>COMPLETED ON 09/07/24</p> <p>All NF03s that were not already submitted were submitted on the day of inspection. Going forward all NF03s’ will be submitted in a timely manner.</p> <p>COMPLETED AND ONGOING 09/07/24</p> <p>All incidents are now being documented and investigated fully. This will enable us to learn from all incidents, ensuring that we apply all lessons learned to improve our current practice.</p> <p>COMPLETED ON 09/07/24</p> <p>A new contractor had to be appointed to carry out repairs on the flooring currently in a poor state of repair. The contractor has given the date of 14/10/2024 for the commencement of the flooring repair.</p> <p>TO BE COMPLETED BY 18/10/24</p> <p>Hand hygiene sink facilities are fitted.</p> <p>COMPLETED ON 16/08/24</p>	

Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:  The contract of care has now been amended to reflect the fees for additional services charged to residents that are not covered under the Nursing Home Support Scheme.</p> <p>COMPLETED 15/08/24</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:  The PIC is now working in a full-time capacity to meet the requirements of Carna Nursing Home. The PIC is also supported by an ADON &amp; CNM2 working in a supernumerary capacity.</p> <p>COMPLETED ON 21/08/24</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:  Garda Vetting is completed by the General Manager and no staff are permitted to work on the premises unless they have garda vetting completed and processed fully.</p> <p>COMPLETED ON 09/07/24</p> <p>All incidents are now being documented and investigated fully.  This will enable us to learn from all incidents, ensuring that we apply all lessons learned to improve our current practice.</p> <p>COMPLETED ON 09/07/24</p> <p>All NF03s that were not already submitted were submitted on the day of inspection.  Going forward all NF03s' will be submitted in a timely manner.</p>	



COMPLETED AND ONGOING 09/07/24	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The floor coverings that are in a poor state of repair and consequently appear unclean specifically in the dining area, resident's bedroom and bathrooms are scheduled for repair. The flooring specialist has given a date for the 14/10/2024 to commence the repairs required.</p> <p>TO BE COMPLETED BY 18/10/24</p> <p>Hand hygiene sinks have been ordered for the sluice room, medication room &amp; domestic room to comply with IPC standards and are being installed.</p> <p>A new hand wash sink facility has been added to the one corridor where staff would have to travel a significant distance to access a hand wash sink to reduce the risk of cross infection.</p> <p>TO BE COMPLETED BY 23/08/24</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The privacy screening in the shared occupancy bedrooms have been repositioned to ensure the complete privacy of each resident.</p> <p>COMPLETED ON 15/08/24</p> <p>Carna Nursing Home have an in-house physiotherapist specifically for residents at an additional cost. An additional service consent form has been signed for by the resident or next of kin to receive physiotherapy, reflexology, hair dressing and/or chiropody when required, or on a regular basis. These services are made available to the residents at a fee agreed as per the renewed contract of care.</p> <p>COMPLETED ON 15/08/24</p>	

Referrals have been made for all residents requiring physiotherapy and/or chiropody under the general medical scheme.

TO BE COMPLETED BY 22/08/24

Regulation 12: Personal possessions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:

The residents that Carna Nursing Home are pension agents for can now access their money when required. The Policy & Procedure for the safe keeping of resident's personal property, personal finances and possessions has been updated to reflect the changes made.

COMPLETED ON 06/08/2024

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	06/08/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	09/07/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	18/10/2024

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.	Substantially Compliant	Yellow	15/08/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	18/10/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to	Substantially Compliant	Yellow	21/08/2024

	the designated centre concerned and containing the information set out in Schedule 1.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	22/08/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	15/08/2024