



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

Issued by the Chief Inspector

Name of designated centre:	Carnew Nursing Home
Name of provider:	Genesis Healthcare Ltd
Address of centre:	Gorey Road, Carnew, Wicklow
Type of inspection:	Unannounced
Date of inspection:	24 April 2024
Centre ID:	OSV-0008471
Fieldwork ID:	MON-0043437

About the designated centre

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

Carnew Nursing Home is a new 90 bed creatively designed, spilt-level building, built to a high specification. The centre has three units - Oak, Birch and Rowan. The centre had three twin en-suite rooms in Birch unit and the remaining 84 rooms are single en-suite. Each level has its own access to internal courtyards. The centre is located in the countryside, on the outskirts of Carnew village, situated approximately 16 kms from the town of Gorey Co. Wexford and 15 km from the town of Bunclody, Co. Wexford. Carnew Nursing Home delivers care to residents over the age of eighteen with varying and complex needs ranging from lower dependency individuals to maximum dependency requirements. The centre also cater for residents who require general care, including residents with dementia, physical disabilities, chronic physical illness, psychiatric illness, frail elderly, and those requiring palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29
------------------------------------------------	----

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
Wednesday 24 April 2024	09:30hrs to 17:30hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspector, and discussions with residents, staff and visitors, Carnew Nursing Home was a pleasant place to live. There was a welcoming and calm atmosphere in the centre. Residents' rights and dignity were supported and promoted by kind staff. The inspector spoke with seven residents and two visitors in detail on the day of inspection. All residents spoken with were very complimentary in their feedback and expressed satisfaction about the standard of care provided. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff. Residents' stated that they were well looked after and that the staff were always available to assist with their personal care.

Carnew Nursing Home is a split level two storey purpose built designated centre registered to provide care for 90 residents in the village of Carnew, in County Wicklow. The centre was registered as a designated centre in June 2023 and opened to admissions following registration. There were 29 residents living in the centre on the day of inspection. The centre had three units. Oak and Birch units were on the ground floor which were operated as one unit as two residents were living on Birch unit on the day of inspection. Rowan unit was on the lower level and there were no residents living on this floor on the day of inspection.

The design and layout of the premises met the individual and communal needs of the residents. The building was well lit, warm and adequately ventilated throughout. Residents had access to dining rooms and sitting rooms, and activities rooms. Residents had access to a visiting room and a hairdressing room. There was suitable seating throughout and the centre had wide corridors with assistive grab rails.

There were 28 single bedrooms on Oak unit, all had en-suite wash hand basin, toilet and shower facilities. There were 20 single bedrooms and three twin rooms on Birch unit all with an en-suite wash hand basin, toilet and shower facilities. Residents' bedrooms were clean and tidy. Bedrooms were personalised and decorated in accordance with residents' wishes. Lockable storage space was available for all residents and personal storage space comprised of a locker, set of drawers and double wardrobes. All bedrooms were bright and enjoyed natural light. Bedrooms at the rear of the centre had a panoramic view of the Wicklow hills. The inspector observed that residents had access to call bells on the day of inspection.

Residents had access to a courtyard yard between Oak and Birch units. The courtyard was tastefully decorated with shrubs and artificial grass, level paving and comfortable seating. The centre had a separate courtyard with a designated smoking area.

The centre provided a laundry service for residents. All residents' whom the

inspector spoke with on the day of inspection were happy with the laundry service.

Residents were very complimentary of the home cooked food and the dining experience in the centre. Residents' stated that the quality of food was excellent. The menus for all meals and snacks were conveniently displayed in the dining rooms on each table. Water dispensers were available on each unit. The inspector observed the dining experience on Oak unit at dinner time. The dinner time meal was appetising, well presented and the residents were not rushed. The dinner time experience was a social occasion where residents were seen to engage in conversations and enjoying each others company.

Residents' spoken with said they were very happy with the activities programme and told the inspector that the activities suited their social needs. The monthly activities programme was displayed in each resident's bedroom. The inspector observed staff and residents having good humoured banter throughout the day and observed staff chatting with residents about their personal interests and family members. The inspector observed many residents walking around the corridor areas of the centre. The inspector observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Visits and outings were encouraged and practical precautions were in place to manage any associated risks. The inspector was informed that the residents were going on their first organised day trip to a seaside town the weekend following the inspection.

A residents' committee had been established and resident's views and opinions were sought through monthly resident meetings. Residents said that they could approach any member of staff if they had any issue or problem to be solved. Residents stated that the person in charge and all of the staff were very good at communicating changes, particularly relating to their medical and social care needs.

Visitors were observed attending the centre throughout the day of inspection. The inspector spoke with family members who were visiting. The inspector was informed that some family members were dissatisfied will aspects of the medical and nursing care of their relative.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection which took place over the course of one day by an inspector of social services. This inspection was a risk-based inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector followed up on areas of the compliance plan submitted by the provider following the inspection of the centre in January 2024, statutory notifications and four pieces of

unsolicited information submitted to the Chief Inspector of Social Services.

The inspector found that the registered provider had progressed parts of the compliance plan from the previous inspection and improvements were found in Regulation 5: individual assessment and care plan, Regulation 6: healthcare, Regulation 9: Residents Rights, Regulation 15: staffing, Regulation 16: Training and staff development, and Regulation 23: governance and management. Notwithstanding these improvements further progress was required to comply with Regulation 31: Notification of Incidents.

The registered provider was Gensis Healthcare Limited. The company had three directors, one of whom was the registered provider representative. There had been a change in the person in charge and the person who represented the provider since the previous inspection. The person in charge reported to the registered provider representative. The person in charge worked full-time Monday to Friday in the centre and was supported by an assistant director of nursing and a clinical nurse manager. The inspector was informed that the person in charge and the assistant director of nursing provided clinical supervision and oversight of residents care needs on Oak and Birch units each day from 8am to 10am. From 10am to 5pm both the person in charge and assistant director of nursing were supernumerary. In addition the person in charge was supported by a team of staff nurses, healthcare assistants, housekeeping, activities co-ordinators, a rehabilitation assistant, catering, administration, laundry and maintenance staff.

Improvements were found in the centres staffing levels and staff turnover had decreased since the previous inspection. The registered provider was in line with the whole time equivalents (WTE) as set out in the statement of purpose which Gensis Healthcare Limited was registered against for the occupancy of the centre. Following the previous inspection the centre had increased healthcare staff and activities staff levels. The provider had an on-going recruitment drive for nursing staff and one nurse was due to commence in the week following the inspection and one nurse was due to commence before the end of May. There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection.

Improvements were found in the oversight of staff training in the centre. Staff had access to education and training appropriate to their role. There was a high level of staff attendance at training in areas such as fire safety, manual handling, safeguarding vulnerable adults, management of challenging behaviour, and infection prevention and control. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures. Staff had access to an on-line application which provided staff with easy access to specific training. The assistant director of nursing and a clinical nurse manager had completed infection prevention and control (IPC) training and were nominated link nurses for IPC. Staff were supervised by the person in charge, the assistant director of nursing and the clinical nurse manager.

Improvements were found in the governance structure and management systems in the centre. There was a schedule of meetings in the centre. Records of clinical governance meetings and staff meetings which had taken place since the previous

inspection were viewed on this inspection. Meetings included head of department meetings, governance meetings, staff meetings and safety pause meetings. Governance meetings took place monthly and staff meetings took place quarterly in the centre. Minutes of meetings were detailed and included resident feedback, resident care needs, complaints, fire safety, falls and restrictive practice. Since the change in registered provider representative, the registered provider representative was attending the centre weekly and meeting staff. There was evidence of a weekly report record between the person in charge and the registered provider representative which included discussion of key performance indicators (KPI's), training, fire safety, feedback from complaints, and clinical risks. The person in charge monitored KPI's on a weekly basis such as falls, skin tears, weights, pressure sores, and restrictive practice. There were detailed analysis of resident's wounds and falls completed monthly. There was a schedule of audits in the centre and the centre was in the process of moving to an electronic auditing system. Since the previous inspection falls audits, safeguarding audits, infection prevention and control audits, care planning audits, and medication management audits had been completed. Records of audits reviewed required improvement as some audits for example; care planning and medication management audits were not scored, tracked and trended to monitor progress. This is discussed further under Regulation 23: Governance and Management. The annual review for 2023 was submitted following the inspection. It set out the improvements completed in 2023 and improvement plans for 2024.

There was a record of accidents and incidents that took place in the centre. Some notifications were submitted appropriately to the office of the Chief Inspector of social services. However, there were a number of three day notifications that were not submitted. Subsequent to the inspection these notifications were submitted retrospectively. This is discussed further in this report under Regulation 31.

The inspector followed up on four pieces of unsolicited information that had been submitted to the Chief Inspector since the centre was inspected in January 2024. The unsolicited information received related to individual assessment and planning, healthcare, resident's rights, staffing, training and staff development and governance and management. These regulations were reviewed by the inspector. Regulation 5: Individual assessment and planning, Regulation 9: Resident's Rights, Regulation 15: Staffing, and Regulation 16: Staff training and development were found to be compliant, however further improvements were required in Regulation 6: Healthcare, and Regulation 23: Governance and Management.

Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed a good knowledge of the residents' needs and a good oversight of the service. The person in charge was well known to residents and their families and there was evidence of her commitment to continuous professional development.

Judgment: Compliant

Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was at least one registered nurse on duty in the centre at all times for the number of residents living in the centre at the time of inspection. There was a plan to increase nursing and healthcare staff once resident numbers increased 36.

Judgment: Compliant

Regulation 16: Training and staff development

There was a high level of attendance at mandatory training and only a small number of staff were overdue attendance at training on managing behaviour that is challenging. A training plan was in place to ensure all staff received up to date training.

Judgment: Compliant

Regulation 23: Governance and management

Although the provider had good oversight of the centre, management systems required review to ensure that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c). This was evidenced by:

- The centres audit system required review. Some care plan, falls and medication management audits viewed were not measured to inform ongoing quality and safety improvements in the centre.
- The oversight and maintenance of incident reporting and recording needed to be more robust, as evidenced by inspectors' findings. A number of statutory notifications to the Chief Inspector of Social Services were not submitted within the required time frames as discussed under Regulation 31: Notification of incidents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the records in relation to incidents in the centre showed that there were three incidents as set out in Schedule 4 of the regulations that were not notified to the office of the Chief Inspector within the required time frames. The person in charge was requested to submit these notifications following the inspection, relating to serious injuries to residents requiring immediate medical and/or hospital treatment.

Judgment: Not compliant

Quality and safety

The inspector found that residents had a good quality of life living in Carnew Nursing Home. Resident's social care and spiritual needs were well catered for and overall their rights were upheld. However; this inspection found that resident's were not always provided with appropriate and timely medical care.

Improvements were found in individual assessment and care planning since the previous inspection. There was a good standard of care planning in the centre. In a sample of five care notes viewed residents' needs were comprehensively assessed prior to admission and by validated risk assessment tools. Care plans were sufficiently detailed to guide staff in the provision of person-centred care and had been updated to reflect changes required in relation to incidents of falls, infections and prevention of pressure sores. There was evidence that the care plans were reviewed by staff. Care notes viewed by the inspector were notes belonging to residents who had been admitted to the centre since February 2024, therefore most care plans were due to be consulted with the resident or where appropriate with the resident's family in the weeks and months following the inspection.

Improvements were found in healthcare since the previous inspection. Neurological observations were completed for residents who had, had a fall. There was a daily safety pause which included the status of residents who were unwell to ensure their treatment could be escalated as appropriate. The centre had employed a rehabilitation co-ordinator who provided exercise and mobility therapy for residents. Residents had access to a general practitioner who attended the centre once a week or when required to see a resident. The inspector was informed by the person in charge that reviews were also conducted via e-mail or telephone if required. There were referral arrangements in place for services such as, the dietitian, physiotherapy, occupational therapy (OT), speech and language therapy (SALT), dental and opticians. Residents' health and well-being was promoted and residents had timely access to psychiatry of old age. Residents had access to consultant geriatricians. Residents had access to pharmacy services. Residents who were eligible for national screening programmes were also supported and encouraged to

access these. However; further improvements were required in healthcare which is discussed in this report under Regulation 6: Healthcare.

Improvements were found in residents rights since the previous inspection. The centre had recruited two activities staff and had developed a programme of appropriate activities for residents. The residents had access to advocacy services. The advocacy service details were displayed on notice boards on Oak unit. Residents has access to newspapers, Internet service, books, televisions, and radio's. Mass took place in the centre weekly. Musicians attended the centre regularly. Group activities of bingo, an exercise class and Mass took place on the inspection day. There were many examples where residents' rights and choices were being upheld and respected. For example; many residents went out accompanied by their families. Residents were consulted with on a daily basis by the management team and staff. Formal residents' meetings were facilitated on a monthly basis. There was a high attendance of residents at meetings and there was evidence that relevant issues were discussed.

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centred care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, bed rail usage and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

Action was required to ensure that all residents' had appropriate access to medical and health care. For example;

- The inspector was informed by the provider that not all residents had timely access to general practitioner services.
- A resident who had, had a fall was not reviewed by their GP following the fall in line with the centres policy.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in the centre.

Judgment: 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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carnew Nursing Home OSV-0008471

Inspection ID: MON-0043437

Date of inspection: 24/04/2024

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> <ul style="list-style-type: none"> -Incidents and accidents are now reviewed at weekly clinical governance and management meetings to ensure necessary action plans and preventative measures are implemented. This also includes notification to the Chief Inspector as required, -The completed audits are reviewed weekly by the ADON and monthly at clinical governance meetings with the necessary action plans implemented. The validity and success of these action plans are also reviewed on an ongoing basis thereafter. 	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The PIC is aware of her responsibilities in relation to the notification of incidents. All relevant notifications have been notified to the Chief Inspector following this inspection.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> -The centre now has one GP who visits the centre once weekly to complete routine calls. 	

Many of our residents have decided to transfer their care to this GP. He will also visit more regularly if required and assess residents with more urgent needs, for example post fall,
-All other residents are referred to their own GP as required and they will complete a review onsite as required,

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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	25/04/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate	Substantially Compliant	Yellow	03/05/2024

	medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--