

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Mary's Centre Nursing Home
Centre ID:	ORG-0000104
Centre address:	St. Mary's Centre Telford Ltd, 185/201 Merrion Road, Dublin 4.
Telephone number:	01 269 3411
Email address:	breda.ryan@stmarysblind.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St. Mary's Centre (Telford) Limited
Provider Nominee:	Maura Masterson
Person in charge:	Orla Aver
Lead inspector:	Deirdre Byrne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	55
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration 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:
04 March 2014 08:30	04 March 2014 17:00
05 March 2014 08:30	05 March 2014 18:30

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

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

Summary of findings from this inspection

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority's (the Authority) Regulation Directorate to renew registration. 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, accident logs, policies and procedures and staff files.

The registered providers are St. Mary's Centre (Telford) Limited. Maura Masterson, the Chief Executive Officer, is the nominated person on behalf of the provider (the provider) and Orla Aver is the person in charge. Overall, the inspector was satisfied

with their ongoing fitness at this registration renewal through discussions with the nominee of the provider and the person in charge during the inspection process, ongoing monitoring and compliance, response to action plans, notifications in the intervening registration period. They both demonstrated an understanding of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, as amended, and the National Quality Standards for Residential Care Settings for Older Persons in Ireland and their statutory obligations.

The inspector found a good standard of nursing care was provided to the residents. Care was provided by staff who were familiar with them and knowledgeable of their health and social care needs. However, improvements were required in the care planning process and in the management of aspects of residents health care needs.

The provider and person in charge promoted the safety of residents and a comprehensive risk management process was in place for the centre although, improvements were identified in the management of risk. There were suitable fire safety procedures in place however, an area of improvements was identified.

Staff had received frequent training and were knowledgeable about the prevention of elder abuse.

The inspectors found nearly all of the 15 actions identified at the previous inspection in March 2013 had been addressed with the exception of five. They related to aspects of health care and deficits in the premises.

As identified at previous inspections carried out since 2010, inspectors found that aspects of the design and layout of the premises did not meet residents' needs. A number of improvements are required to the premises in order to comply with the Regulations and the national Standards by 01 July 2015. The nominated provider was aware of the deficits and constraints of the premises.

A number of actions were required from this inspection which are detailed in the report and included in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied there was a statement of purpose that met the requirements of schedule 1 and regulation 5 of the Regulations. It accurately described the services and facilities, the management structure, staffing levels and the way in which care was to be provided to residents.

Outcome 02: Contract for the Provision of Services

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:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied the provider ensured an agreed contract of care was put place for each resident residing in the centre.

A sample number of contracts were reviewed. They outlined the services to be provided and the fees charged. However, the contract did not include the services that incurred an additional cost and the fees charged. The provider outlined to the inspector details of

a draft contract that had been drafted and that was in the process of issued to current residents and all new residents.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the centre was managed full time by a registered nurse with experience in care of the elderly. For the duration of the report she will be referred to as the person in charge.

The person in charge demonstrated familiarity with the Regulations and the Standards, and a good understanding of her legal obligations. For example, she was knowledgeable of the notification process and the provision of training for staff. The inspector found the person in charge managed the centre with authority and accountability. The person in charge met regularly with the staff. There were staff meetings held regularly, and the inspector read minutes of these which outlined a range of healthcare issues discussed.

The person in charge was familiar with the residents and their health care needs and spoke knowledgeably about their care, she was observed meeting and interacting with residents.

She continued her own professional development through attendance at seminars and talks. She was supported in her role the provider, a registered nurse, who deputised in her absence and by two clinical nurse managers (CNM).

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found all policies were in place as required by Schedule 5 of the Regulations. However, it was noted that some incomplete records were maintained and improvements were required in the detail and guidance provided by policies.

There were centre-specific operational procedures to inform practice and provide some guidance to staff. An action from the previous inspection was addressed and all policies were available and accessible for review. The inspector found policies as per schedule 5 were in place and they had been recently revised. However, improvements were required as not all policies were sufficiently detailed to provide appropriate guidance. For example, the policies on falls prevention and the management of complaints.

Inspectors found that medical records and other records relating to residents and staff were maintained. However, improvements required in the documentation of residents nursing care. For example, a record of residents nursing care was not maintained on a daily basis as required by the Regulations and professional guidelines. The register of residents was maintained and it included all of the information in respect of each resident as required by Regulations. The resident's guide reviewed was in line with the requirements of the Regulations. There was up-to-date insurance cover in place with regard to accidents and incidents and, residents' personal property.

Outcome 05: 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:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the person in charge had suitable arrangements in place to manage the centre in her absence. At the time of the inspection the person in charge

was not planning on taking leave from the centre which required notification to the Chief Inspector.

Outcome 06: 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.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector was satisfied that measures were in place to protect residents from being harmed or experiencing abuse. There were records to indicate that staff had received training on identifying and responding to elder abuse. A member of nursing staff provided in-house training for all staff. The inspector found that staff spoken with were aware of the types of elder abuse and their responsibilities in reporting suspected elder abuse to the person in charge.

There were three centre-specific comprehensive policies on the protection of vulnerable adults. They provided guidance to staff on the types of abuse, the procedures for reporting alleged abuse and investigating an allegation of elder abuse. The person in charge was knowledgeable of the procedures to follow into an allegation of abuse. The inspector was satisfied a recent allegation of abuse which had been notified to the Chief Inspector had been suitably investigated. A report of the investigation was read by the inspector which outlined the findings and the action taken.

Residents spoken with confirmed to the inspectors that they felt safe in the centre, and would talk to the person in charge or the nurse in charge of their unit if they had concerns.

The inspector reviewed the arrangements for the safekeeping of residents' money, they appeared to be adequately managed and in line with regulatory requirements. An action from the previous inspection was completed and procedures were in place to guide practice and two signatures were now evident for each transaction carried out.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

There were systems in place to ensure that the health and safety of residents, staff and visitors was promoted and protected. However, improvements were required in the management of fire safety and risk management.

There were fire safety procedures displayed throughout the centre and fire exits were unobstructed. However, an area of improvement was identified as a number of fire exits in parts of the centre were held open with wedges. This was brought to the attention of the person in charge and the CNMs on both units. All the wedges were removed. Additionally, the daily documented checks carried out by staff had not identified the doors as blocked. Training records confirmed all staff had up-to-date training except one member of staff who required refresher training. A date was arranged for the staff to attend training on the 12 March 2014. The staff were knowledgeable of fire evacuation procedures. The inspector saw records that regular fire drills took place, with details of each drill recorded along with the staff who attended. This had been an action at the previous inspection and was now addressed. The fire fighting equipment, alarm and emergency lighting were regularly serviced, as confirmed by service reports reviewed by the inspector.

The inspector read a safety statement that was revised in August 2013 and displayed. A risk management policy seen by the inspector met the requirements of the Regulations. An action from the previous inspection was completed and the policy now included the procedures to identify and assess risks.

The inspector reviewed the risk register, which included risks that had been identified throughout the centre and their respective control measures, and risks identified at the previous inspection were included. However, a number of areas of risk had not been adequately controlled or managed. For example, three radiators on the ground floor in the Loyola unit were very hot to touch and there was a risk of scalding for residents. The matter was brought to the attention of the person in charge and she assured the inspector that the temperatures would be adjusted immediately. The risk register stated radiator covers were to be provided, yet covers were not in place. The provider later informed the inspector that thermostats would be provided at each radiator point.

Another area of risk identified was in relation to cleaning chemicals that were stored in an unsecure store room in the Loyola unit. This posed a risk to any resident who may gain access to the room. It was brought to the attention of the person in charge by the inspector who immediately requested for it to be locked.

The inspector reviewed the file for a resident who smoked. There was a risk assessment

carried out and a care plan in place. However, the assessment and care plan were not comprehensive enough as they did not outline the risks from smoking and the control measures to protect the resident.

The inspector was not satisfied that all staff had up-to-date training in the moving and handling of residents. Records reviewed by the inspector identified fourteen staff had not completed training in over two years. This was discussed with the nominated provider who showed the inspector details of three training dates on the 12 and 22 March and the 2 April 2014, which would ensure all staff would have completed training. There was evidence of good practices in the moving and handling of residents in the centre and staff were familiar with the correct procedures to move residents. There were suitable measures in place to prevent accidents. Grab rails were present in rooms and bathrooms, and hand rails in corridors. There was safe flooring throughout and there was new flooring was being laid down in parts of the centre.

There was a quality and safety committee in place and the inspector read the minutes of the meetings. It outlined a range of health and safety, and fire safety issues discussed. However, the issues identified above had not been identified by the committee.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found policies on the management of medication were in place to protect residents however, improvements were required in the documentation and prescribing of "as required" (PRN) medications and three monthly reviews of residents medications.

There was a medication management policy that provided direction to staff. The inspector found there were sufficient arrangements in place for the prescribing and administration of medications. However, a number of improvements were identified in the documentation of the prescription sheet. For example, the residents address was not provided and the maximum dose of PRN medication to be administered in a 24 hours period was not stated. The inspector saw records confirming a general practitioner (G.P.) regularly reviewed medications, although one residents medications had not been regularly reviewed with significant gaps between review dates. This matter was discussed with the person in charge and provider.

The inspector found medication errors were appropriately reported and investigated. A sample of reports were reviewed, they included the details of the error, the investigation carried out and a root cause analysis completed by the person in charge. There was evidence of improvements made and sharing of the information for learning was carried out.

The storage of medications was in a secure place, and the storage of temperature controlled medications was in a refrigerator. The management of controlled medications was in line with professional guidelines. The nursing staff were provided with education and training by the pharmacist, and they completed on line training. The pharmacy also carried out audits and an external company recently completed a comprehensive audit of medication management practices.

Outcome 09: 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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that a record of all incidents was maintained, and where required notified within specified time frame to the Chief Inspector. This had been an issue at the previous inspection, and was completed.

The person in charge was aware of the requirement to notify the Chief Inspector of certain incidents. In addition, a quarterly report outlining other incidents in the centre was made to the Chief Inspector, as required.

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied there was a system in place to review and monitor the quality of care and experiences of the residents.

The provider and person in charge had developed a system of auditing a wide range of clinical and non clinical areas. The person in charge gathered a range of key performance indicators on a monthly basis, and they were discussed at a multi-disciplinary meeting every 4 to 6 weeks. There were ongoing audits completed regularly by an external company. They included a range of clinical and non clinical areas such as residential care, health and social care needs, medication management, hygiene and infection control, residents' rights and protection.

The inspector reviewed the findings for a sample of audits. For example, the audit on health and social care needs were reviewed. It looked at a range of areas and included a sample of residents care plans. A wide range of improvements were identified. There was evidence that the person in charge was in the process of addressing them, and they were discussed with staff, at handovers and at staff meetings to action any change and to improve learning.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found residents had good access to G.P. services and to a wide range of allied health professionals. The nursing care provided was delivered by staff who had a good understanding of the health care needs of the residents. However, improvements were required in the overall quality and review of care plans and aspects of the residents' health care in relation to falls and nutrition.

Arrangements to meet residents' assessed needs were set out in care plans based on a range of assessments which had been carried out at regular intervals. However, in many cases the care plans did not guide the care to be delivered to residents. Care plans were not consistently developed for all identified needs for example, risk of pressure sores, catheter care, falls and nutrition. Where care plans were reviewed they were not formally carried out and the quality of the review was not effective. For example, the review did not include the most relevant health care information on the resident and the care to be provided. There was appropriate evidence residents had been consulted with in their care plan reviews.

The inspector found improvements were required in the management of falls. A falls policy was in place. However, it was not comprehensive enough to guide practice. For example, it did not provide guidance on post falls procedures to be followed. Although an action from the previous inspection was completed and a pen torch and neurological observation sheet were used to assess residents, there was inconsistent evidence that neurological observations were completed after each fall. Where records were completed they were not consistently completed with gaps were in places. An incident form and risk assessment were completed after each fall. However, the falls care plans were not consistently updated with the interventions to be put in place to prevent similar falls occurring in the future, and no falls diary was maintained. This was discussed with the CNM and person in charge. An updated care plan was later shown to the inspector.

The management of nutrition required improvement. A comprehensive policy was in place to provide direction to staff. However, it was not fully implemented in practice. For example, the most up-to-date recommendations of the dietician such as commencement of a food diary or fortification of food were not consistently incorporated into residents care plans or carried out in practice. This was an action from the previous inspection and was not completed. In addition, where care plans were in place, they were not comprehensive enough to guide the care to be delivered. This matter was brought to the attention of the person in charge, who undertook to address it immediately. The inspector was later shown updated care plans.

The inspector found improved practices in the management of restraint although an area of improvement was required. There was a policy on the use restraint which provided guidance to staff. However, it was not fully implemented in practice. For example, where restraint such as bedrails was used the monitoring checks completed were not carried out every two hours as per the policy. An action from the previous inspection was completed and restraint assessments outlined the alternatives considered prior to use of restraint and how long they were considered for. The inspector read a sample of care plans which had been developed to guide staff on their safe use. There was evidence that consent was sought from residents or families were consulted with.

There was evidence of good practice in the management of behaviours that challenged. The inspector read the file for one resident and found assessments were carried out, they included the potential triggers to the behaviours, along with the suitable interventions. A care plan had been developed which described the interventions to be followed by staff. The inspector spoke to a number of staff who was familiar with the

resident and his/her needs, and described the interventions as reflected in the care plan. This was an action from the previous inspection and completed.

Inspectors found good practices in the management of wound care. There were records of wound assessments and wound dressing, and care plan in place to guide care for each wound. Staff were familiar with wound care procedures.

Residents' healthcare needs were supported by good access to of G.P. services and an out-of-hours G.P. service was available. The residents had access to a wide range of allied health professionals for example, dietician, speech and language therapist, occupational therapist, and older age psychiatric services. Letters of referrals and appointments were seen on residents' files. The staff had a good understanding of the care needs of the residents.

The inspector reviewed the social care needs of residents and good practices were observed. There was a programme of activities displayed in the reception area of each unit with the daily activities provided for residents. Each residents' likes and interests were assessed and recorded. The inspector noted activities took place at unit level and consisted mostly of group activities such as bingo, and on other days, music sessions. These were facilitated by staff and volunteers. Three health care assistant (HCA) were trained in SONAS (a music and exercise therapy for residents with a communication impairment). The inspector observed some activities taking place during the day of inspection such as hand massage and also observed that residents could attend a communal resource centre where a activities took place. The inspector read resident and relative questionnaires that were submitted as part of the registration renewal application process, and it was reported that there were few activities, and they would like more. This was not reported by staff, residents and relatives on the day of inspection.

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found parts of the building did not meet the requirements of the

Regulations and the Authority's Standards. The nominated provider was acutely aware of the deficits in the building. She described the proposed plans which had been drawn up and sent to the Authority previously. A report had been recently commissioned to review costings for the plan. However, at the time of the inspection the plans had not yet been costed and planning permission had to be applied for.

The issues are outlined as follows:

- there 4 four-bedded rooms in the St. Oliver unit did not meet the requirements of the Standards as there was inadequate space to meet the residents needs.
- storage space was minimal in the St. Oliver unit as assistive equipment was stored in a sitting room during the day.

The inspector found the centre was a homely place and pleasantly decorated. It was on its own grounds and the centre was located over two units, St. Olivers and Loyola. The residents could also access other parts of the building where a chapel, internal walk ways, coffee dock and a canteen were located. It felt warm and comfortable to be in. There were nice fixtures and fittings, with paintings, plants and lamps throughout. The residents' bedrooms were pleasantly decorated, with personal touches added in areas.

The centre was kept in a clean condition, and was well maintained to a good standard of repair.

There were a number of secure and enclosed gardens, directly accessible from the centre. There centre was located on extensive grounds which were pleasantly laid out, with paved tiling and seating areas.

There was provision of assistive equipment such as hoists and two lifts. Servicing reports were read by the inspector and confirmed they had been recently serviced and were in good working order.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found that complaints were listened to and there were documented policies and procedures in place to ensure complaints were monitored. An action from

the previous inspection was completed and complaints were responded to at each unit level by the CNM and records maintained.

The inspector found there was a comprehensive complaints policy and procedure in place. It included the details of the nominated complaints officers, and the appeals process was outlined. The procedures were displayed in the reception area. There was a complaints log maintained in each of the two units which contained details of reported complaints, resolved at local level.

The person in charge and provider told inspectors they strove to resolve all complaints at local level. If not, they were escalated to a second stage for further investigation. No complaints had reached this stage.

Residents and relatives informed the inspector they could talk to the person in charge if they had any complaints.

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied the end of life care of the residents was considered an integral part of the service provided.

The person in charge and provider were proactive in enhancing end-of-life care for the residents, and there was a detailed end-of-life care policy to guide practice in the centre.

The inspector saw residents' end-of-life preferences were discussed and planned with them. Each resident had an end-of-life care plan. A local palliative care team provided support and advice when required. An oratory and chapel was located in the centre and residents could choose to be waked in the centre. There were private rooms available for family along with a spare bedroom to stay overnight if wished.

The inspector read many thank you cards from families of residents who had passed away expressing their gratitude to the staff for the care provided at that time.

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector was satisfied that residents received meals in accordance with their assessed needs and mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff. The actions from the previous inspection were completed.

There was a main dining room in the centre and smaller dining rooms in each unit. The residents could choose where they had their meal with many opting for the dining room in the unit. The inspector visited residents having their lunch in one of the dining rooms. The tables were pleasantly decorated and nicely set. A copy of the menu was displayed on the wall of the reception area of the unit. Staff were seen to assist residents discreetly and respectfully with their meals where required. Residents expressed their satisfaction with the meals served. The inspector found meals were presented nicely and were appetising.

The residents' dietary requirements were met to a good standard. All residents were regularly assessed by a speech and language therapist and dietician where required. The chef told the inspector she received a detailed menu list each day from staff in the units which included the residents up-to-date needs. The inspector read the daily list sent to the chef and it clearly described the types of diets residents' were on.

There was a range of choice at mealtimes. This included residents on a modified consistency diet. Residents told the inspector they could have up to four different options each day at dinner time. There was a four week rolling menu which was refreshed weekly to ensure a variety of choice at meal times. The inspector saw residents being offered a variety of snacks including fresh fruit and drinks during the day. Staff regularly offered water and fresh fruit juices to residents. They confirmed that they could have tea or coffee and snacks any time they asked for them.

If residents requested, they could prepare a meal of any type even if it was not on the menu.

The inspectors found the kitchen was well laid out and stocked with a good supply of food.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that staff respected residents' privacy and dignity and residents were consulted with in regard to the operation of the centre.

There were arrangements in place to facilitate consultation and participation with residents in the organisation of the centre. A residents' forum met every 3-4 months in each of the two units. The last meeting for each unit took place in January 2014 and the minutes were read. The meetings were facilitated by the CNM. The issues raised were mainly food related and the inspector found they were followed up and were sufficiently dealt with.

There were strong links to the Sisters of Charity order that the centre was historically connected to. The congregation had a large presence in the centre, with some nuns from the order now resident in the centre. Many fellow sisters visited the centre. A number of students from schools in the area also visited the centre and were seen visiting on the day of the inspection. The residents told the inspector about walks and day trips they went on to the local area.

The religious and spiritual rights of residents were respected. While residents were mainly of the Roman Catholic faith, residents of all religious denominations were welcome. A large chapel and smaller oratory were located in the centre, and the person in charge described the services available to residents. Mass was said for the Roman Catholic faiths every day, and it was televised in each of the units for the mobile residents. Residents were observed going to the chapel on the morning of each inspection for mass.

Throughout the inspection staff were observed speaking respectfully and politely to residents. The residents seemed comfortable and happy in their surroundings. The inspector noted that residents were dressed neatly, with their hair and makeup done. A number of residents and their families expressed their happiness with the centre.

Residents could access a public telephone or the use of an office phone in the nurses'

station if they wished. There were televisions provided in each bedroom and communal areas. The newspapers were collected and brought to centre each day and at weekends.

The provider and person in charge ensured residents voting rights were maintained. The residents could vote in house on each election day as the centre also served as a polling station for the locality. The council also visited residents in the units to ensure all residents had an opportunity to vote.

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that adequate provision had been made for the management of residents' personal possessions.

There was suitable storage space for residents in their bedrooms. Residents expressed satisfaction with the storage space available. The residents had lockable storage in their rooms.

The inspector visited the laundry and found that it was well organised and industrial sized machines were provided. The laundry was maintained in a clean condition. Residents and relatives stated that they were satisfied with the laundry service provided. It was noted on some residents/relative questionnaires reviewed that some residents clothing had gotten lost. The inspector discussed this with the laundry staff who outlined the procedures followed to prevent clothing getting lost. For example, clothing was discretely labelled in order to minimise the potential for lost clothing. An updated list of residents' personal property was maintained on the care plans.

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.

Theme:
Workforce

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found there was appropriate staffing in place to meet the needs of residents. However, the skill mix of staff was not adequate to meet all residents' needs at times during the day.

The inspector found that there were adequate staffing levels in place during the course of the inspection. There was an actual, planned roster in place. The inspector reviewed the roster for a four week period. Generally there was adequate staffing and skill mix on duty. However, some improvements were required. For example, in the Loyola unit on some days of the week and weekends, from the hours of 14:00/21:00hrs and 14:00/20:00hrs respectfully only one nurse was on duty. While no evidence of any negative outcomes were observed, the inspector was concerned that the low number of nurses on duty during these times could result in poor supervision. The unit was located over two levels and residents were of varying degrees of dependency. In addition, comments noted in the residents/relatives questionnaires reported there wasn't enough staff or could be more staff on duty. This was discussed with the person in charge and the provider.

The inspector reviewed a sample of staff files. Not all files reviewed contained all of the information required by the Regulations. For example, two files did not contain a minimum of three references and while all files had a self declaration of fitness none contained a certificate of physical and mental fitness from a medical practitioner.

There were a number of volunteers and external service providers who provided an invaluable service to the centre. The inspector read two files which confirmed each person had An Garda Siochana vetting and a written agreement of their role and responsibilities in the centre.

There was a training programme in place, and a training matrix read outlined the training attended by staff. All staff had completed up-to- date training in elder abuse, with improvements identified in the provision of fire safety and movement and handling training as discussed under outcome 7. Training was provided in other areas such as infection control, behaviours that challenged, wound management and cardio pulmonrry resuscitation. Most care staff had completed training in Further Education and Training Awards Council (FETAC) level five in care of the elderly. Six staff had not yet completed it, and plans were outlined of training for these staff that was due to commence in September 2014.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

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Action Plan



Provider's response to inspection report¹

Centre name:	St. Mary's Centre Nursing Home
Centre ID:	ORG-0000104
Date of inspection:	04/03/2014
Date of response:	02/04/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

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

The contracts of care for residents did not include details of the additional services that incurred an extra cost and their fees.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

We have attached the list of the Standard Fee Provisions to all resident contracts. A Fee Appendix (A) has been added to the Contract of Care and this is in place for all residents.

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

Proposed Timescale: 03/04/2014

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

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

A daily nursing record was not maintained as per Regulations and professional guidelines.

Action Required:

Under Regulation 25 (1) (b) you are required to: Complete, and maintain in a safe and accessible place, an adequate nursing record of each residents health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines.

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

The Person in Charge has met with the Clinical Nurse Managers and Staff Nurses and has highlighted to them the requirement under the Regulation and the importance of keeping daily nursing records for all residents.

Proposed Timescale: 07/03/2014

Theme: Leadership, Governance and Management

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

Not all policies were sufficiently detailed to guide practice for example, the falls prevention and complaints policy.

Action Required:

Under Regulation 27 (1) you are required to: Put in place all of the written and operational policies listed in Schedule 5.

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

The Registered Provider and the Person in Charge have reviewed the Complaints Policy and this has been updated to reflect the current practice. 12/03/2014 – Complaints

The Person in Charge has met with the Clinical Nurse Managers and Staff Nurses to review the Falls Prevention Policy. The policy is currently being updated to reflect these changes. 07/04/2014 – Falls Prevention

Proposed Timescale: 07/04/2014

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

Risks had not been adequately managed and monitored in a number of areas, as outlined in the inspection report.

The smoking assessments for residents was not comprehensive for example, the dangers and risks from smoking and the control to prevent occurrence were not included.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

The Person in Charge met with the Clinical Nurse Manager and Staff Nurses to discuss the smoking assessment for the resident who smokes. A more comprehensive risk assessment has been carried out and the resident's care plan has been updated to reflect this.

Proposed Timescale: 28/03/2014

Theme: Safe Care and Support

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

Not all staff had up-to-date training in the safe moving and handling of residents.

Action Required:

Under Regulation 31 (4) (f) you are required to: Provide training for staff in the moving and handling of residents.

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

Staff training in safe moving and handling of residents was carried out on the 12th and 22nd March and 2nd April 2014. All staff have up to date training in the safe moving and handling of residents.

Proposed Timescale: 02/04/2014

Theme: Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Fire exit doors in parts of the centre were held open with wedges.

Action Required:

Under Regulation 32 (1) (c) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires; giving warnings of fires; the evacuation of all people in the designated centre and safe placement of residents; the maintenance of all fire equipment; reviewing fire precautions, and testing fire equipment, at suitable intervals.

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

The Management Team have reviewed the fire doors in Loyola House and St. Oliver's Nursing Units. Due to the visual impairment of the residents of the Centre it is necessary to keep the doors open during the day to enable residents to move safely around the Units. Two separate systems were sourced to meet the different requirements of the Units.

Loyola House Nursing Unit – Dorguard Fire Door Retainers have been installed on the doors which need to be kept open. In the event of a fire when the fire alarm is activated the doors will automatically close. Completed 28/03/2014

St. Oliver's Nursing Unit – A Salamander System is being installed. This will be attached to each bedroom door and connected to the fire alarm by a radio controlled system. In the event of a fire when the fire alarm is activated the doors will automatically close.
22/04/2014

Proposed Timescale: 22/04/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

The maximum dose of as required (PRN) medication to be administered to residents in a 24 hour period was not prescribed.

The three monthly review of residents medications required improvement.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

The Person in Charge met with the Clinical Nurse Managers and Staff Nurses to discuss the prescribing of PRN medication. The Person in Charge liaised with Stack's Pharmacy

to discuss revising the medication kardex. The Pharmacy, the GP's and the Clinical Nurse Managers will review the medication kardex to amend these to ensure compliance. A copy of the draft inspection report has been sent to the GP. Policies relating to Medication will be reviewed with the Pharmacy during this process.

A schedule for the review of residents' medications will be issued from Stack's Pharmacy to the GP and the Nursing Home detailing the dates of the reviews for 2014.

The resident whose medication review was outstanding has since acquired a new GP and her medication review has been carried out.

Proposed Timescale: 15/05/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

There were improvements identified in the management of falls, nutrition and restraint as outlined in the inspection report.

Action Required:

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

The Person in Charge holds weekly Care Plan Meetings with the CNM's and Staff Nurses to discuss the assessments and rewrite the care plan needs of the residents. Care plans that were not up to standard have been re-written and the Staff Nurses have been instructed on what is required of them. These Staff Nurses participate in the weekly Care Plan Meetings.

Staff have been instructed to carry out the two hourly side rail checks as per the Centre's Restraint Policy. Commenced on 14/03/2014 & on-going on a weekly basis

Proposed Timescale: 14/03/2014

Theme: Effective Care and Support

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

Care plans were not updated to reflect the changing needs of residents.

Recommendations from dieticians were not incorporated into some residents care plans.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

The Person in Charge met with the Dietician to put in place a procedure to ensure her recommendations relating to residents' diets are incorporated into residents' care plans. The Dietician documents the names of the residents whom she has assessed at each visit and this is given to the CNM's who give directions to the Staff Nurses to update the care plans.

Proposed Timescale: 21/03/2014

Theme: Effective Care and Support

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

Care plans were not consistently developed for all residents identified needs for example, skin integrity.

Care plans were not sufficiently detailed to guide the care to be delivered for example, catheter care, falls and nutrition.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

The resident who did not have a care plan for a urinary catheter had one completed and agreed with her on the second day of the inspection. The Inspector reviewed this and was satisfied. 05/03/2014

The resident whose pressure sore had healed but whose care plan did not reflect this has had her care plan updated. 07/03/2014

The Person in Charge has put in place weekly Care Plan Meetings with the CNM's and Staff Nurses, this includes falls management and interventions on all residents especially those who at risk of recurrent falls. Care plans will be updated to reflect the needs of the residents.

Updating of care plans is discussed at the weekly Care Plan Meetings.

Proposed Timescale: 14/03/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

There was inadequate storage provided to safely store all equipment.

The Chief Inspector requests a costed plan, with definite timeframes to address the premises deficits as outlined in the report and the action plan above to be submitted to the Authority.

Action Required:

Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

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

Plans have been drawn up for the development of an extension to St. Oliver's Nursing Unit and this will include extra storage space. An up to date costing for this development is being sought.

The Registered Provider and Person in Charge met with the architect to commence the process for applying for planning permission and an up to date costing for this development is being sought.

Proposed Timescale: 30/06/2014

Theme: Effective Care and Support

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

The design and layout of the four multi-occupancy rooms does not meet residents' needs and will not comply with the Regulations and Standards by July 2015.

The Chief Inspector requests a costed plan, with definite timeframes to address the premises deficits as outlined in the report and the action plan above to be submitted to the Authority.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

Plans have been drawn up for the development of an extension to St. Oliver's Nursing Unit and these were submitted to HIQA on 27th October 2011. In 2013 the Board of Directors appointed a consultant from BDO Ireland to carry out a feasibility study in relation to this project and draw up a business plan with regard to progressing with the development. BDO Ireland are representing the Centre with regard to negotiating future funding.

The Registered Provider and Person in Charge met with the architect to commence the process for applying for planning permission and an up to date costing for this development is being sought.

Proposed Timescale: 30/06/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

The staffing skill mix in place must be revised and must be sufficient to meet the needs of residents at all times.

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

The Person in Charge and the Clinical Nurse Manger are currently reviewing the Roster for Staff Nurses. Management are actively recruiting Staff Nurses to meet this requirement.

Proposed Timescale: 30/04/2014

Theme: Workforce

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

The staff files reviewed did not contain all documentation as specified in Schedule 2 of the Regulations.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

Management are currently negotiating with Staff in order to obtain medical assessments from a qualified medical practitioner in order to comply. All new entrants will be required to provide an up to date medical assessment confirming they are fit to work at the centre.

Proposed Timescale: 30/09/2014