

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Eithne's Rest Care Centre
<b>Centre ID:</b>	ORG-0000699
<b>Centre address:</b>	Corbally, Tulsk, Castlerea, Roscommon.
<b>Telephone number:</b>	071 963 9980
<b>Email address:</b>	steithnasnh@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	TSP Suil Ar Aghai Limited
<b>Provider Nominee:</b>	Seamus Conway
<b>Person in charge:</b>	Alice Wright
<b>Lead inspector:</b>	Thelma O'Neill
<b>Support inspector(s):</b>	Damien Woods;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	10
<b>Number of vacancies on the date of inspection:</b>	0

## 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 renewal decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 11 March 2014 10:00 To: 11 March 2014 16:00

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 an announced registration renewal inspection, which took place on 11 March 2014. This was the fifth inspection of this centre.

The centre is owned and operated by the local parish committee and provides good social care through its community ethos. St Eithne's is located in a small housing estate beside the parish church in Tuls, just off the N5. It's a short walk to the village which has shops and pubs.

Mr. Seamus Conway is the Chairperson and nominee on behalf of the Provider. Alice Wright is the Person in Charge of the centre. The centre caters for low and medium dependency residents from the locality and does not accept emergency admissions or residents with high dependency needs.

Inspectors found that the centre provided a home from home for residents. The centre is pleasantly decorated and furnished. Residents' rooms were personalised and comfortable. The premises was clean and well maintained throughout. The structure and layout was similar to that of a large domestic bungalow. This added to the homely atmosphere found on inspection. Inspectors found that a high level of quality of social care was provided. Residents moved freely around the centre using the facilities at their own discretion and the food was of a good standard with a choice of menu. The building comprises of a dining room, kitchen, living room and two single and four twin en-suite bedrooms, staff office, visitors' room, storage room, cleaning room and staff toilet.

Inspectors met with residents, providers, person in charge and staff members during the inspection. Residents spoken with by the inspectors were complimentary of the service provided and stated they were "looked after well, the food was good, the staff were kind", and when they required assistance staff were available.

The centre has 10 residents and all had been admitted for long term care. Inspectors observed practices and reviewed documentation such as care plans, medical records, and policies and procedures. Residents had a range of care needs including, Coronary and Respiratory medical conditions. Residents had multidisciplinary files which were all complete and up to date. Nursing evaluation notes were person-centred.

The inspectors reviewed previous actions and the level of compliance by the provider and person in charge, with the requirements of the Health Act, 2007, 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.

Inspectors reviewed the previous five actions which contained 6 requirements from the previous inspection of October 2013, and found that the person in charge, provider and staff had made progress in addressing the required actions. Two actions were completed, and three actions were partially complete, but required further review to ensure compliance with the regulations. For example; improvements were required in staff documentation, end of life care, and risk management. These and other areas are identified in the action plan attached to this 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:**

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

**Findings:**

On the day of inspection, the inspectors obtained the most recent version of the statement of purpose dated 29 March 2013. Inspectors were satisfied that the actions from the previous inspection were satisfactorily addressed and the statement of purpose now accurately described the aims, objectives and ethos of the centre and the service that was provided.

**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:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Inspectors examined the contracts of care of two residents recently admitted. Each resident had a written contract of care, agreed within a month of admission. The contracts sets out the details of the services provided to the residents and the fees charged. Both contracts were signed and witnessed appropriately.

**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:**

Alice Wright was the person in charge. She was a registered nurse and has extensive experience in the area of nursing older people and works full-time in the centre. She normally worked Monday to Friday and she was on call, out-of-hours and at weekends. A senior nurse deputised in the absence of the person in charge.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Authority's standards, and her statutory responsibilities. She demonstrated strong leadership and good communication with her team and was committed to providing a high quality service to residents. She was knowledgeable of residents' needs and was known by residents in the centre.

The person in charge maintained her professional development and had recently attended courses and study days in:

- Safe moving and handling
- Safety and evacuation procedures
- Train the Trainer in Adult protection
- End of life and palliative care.

**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:**

No actions were required from the previous inspection.

**Findings:**

Inspectors reviewed a selection of policies including; the medication management policy, the adult protection policy, the risk management policy, Each policy had a review date and outlined the objectives, scope, and governance procedures of the centre. However, the policies on risk management, auditing, and end of life care, required review; to ensure that the policies guided contemporary evidence based practice.

Inspectors noted that there were gaps in the directory of residents, for example; resident's marital status, and the name and address of the organisation organising the resident's admission were omitted.

A Residents' Guide was in place, however; it did not meet all of the regulatory requirements, for example; It did not include the contract of care for the provision of services by the registered provider to the residents.

It also did not provide, the name and address and telephone number of the chief inspector, as required in Regulation 21 of the Health Act 2007 (Care and welfare of residents in Designated Centre's for Older People) Regulations 2009.

A number of staff files were examined by inspectors, and found to be incomplete, for example; staff's photo ID were omitted in the files inspected.

A copy of the current insurance cover was provided for inspectors, however; this was due for renewal at the end of March 2014. Inspectors were satisfied that the current insurance policy complies with Regulation 26 and requested the provider to forward a copy of the renewal insurance certificate to the inspector's.

**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 senior nurse deputises in the absence of the person in charge. There have been no absences of the person in charge for such a length that 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:**

No actions were required from the previous inspection.

**Findings:**

Inspectors were provided with a copy of the centre's policy on prevention, detection and response to elder abuse and whistle-blowing which complied with the Regulations.

Residents spoken with stated that they felt safe in the centre. Staff could clearly describe to the inspectors what constitutes abuse, and were aware of what to do in the event of an allegation, suspicion, or disclosure of abuse.

Records reviewed verified that training and education in adult protection had taken place. The person in charge informed the inspectors that she had completed the train the trainer course on adult protection and regularly educates staff of their responsibility to report suspected abuse to ensure residents' care and welfare is protected.

No incidents, allegations or suspicions of abuse have been recorded or notified to the Authority since the last inspection. Garda Síochána vetting had been applied for all staff members. This was evidenced by a review of returned Garda Síochána vetting forms examined by the inspectors.

The centre had a policy of not managing resident's finances; The Person in Charge stated that residents or their next of kin managed their finances.

**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 - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The health and safety of resident's, visitors' and staff were promoted and protected. The risk management policy referenced the identification and assessment of risks and the precautions in place to control risks identified. There was a risk register, which identified some risks and the actions necessary to address minimise/control them.

Further work is required to comply with the Regulation 31, For example, policies and procedures for identifying and managing incidents of assault, accidental injury to residents or staff, aggression and violence and self-harm, required review. In addition, the Identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents were also omitted on the policy.

Fire safety records were maintained in respect of maintenance and upkeep of the fire alarm system and equipment, and satisfactorily evidence was shown to the inspectors. Fire exit signage was in place to indicate the location of fire exit doors and escape routes from the building. All fire exits were noted to be unobstructed on the day of inspection. The fire evacuation procedure was updated during the inspection and is complete. Contingency arrangements were in place to evacuate the building in the event of a fire. A place of safety was identified on the emergency evacuation plan. The contact numbers for the various emergency services were documented in the plan. A maintenance person was available on-call outside of office hours. Staff members had participated in fire safety training, which included fire drills. Staff interviewed were aware of the procedure to evacuate the building in the event of a fire.

Records were maintained of all accidents and incidents. All of the records were dated and signed by a staff member, inspectors viewed evidence of this. Falls management practices were in line with evidence-based practice. Neurological observations were carried out on all residents who sustained an un-witnessed fall; to ensure they did not sustain a head injury. Resident's were reviewed by their General Practitioner's (GP). In the files reviewed by inspectors, all residents had falls risk assessments completed. Any accidents that were required to be notified to the authority had been done.

The environment appeared clean and measures were in place to control and prevent infection. This included the provision of personal protective equipment and cleaning equipment, training for staff in infection control and the availability of policies and procedural guidelines relating to infection control. Preventative measures included the arrangements for the segregation and disposal of waste, including clinical waste. Staff had participated in training on infection prevention and control in March 2013.

A wooden fence/gate around the perimeter of the newly developed courtyard area ensured the area was safe for the residents to relax and enjoy gardening activities.

**Outcome 08: Medication Management**

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

**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 actions required from the previous inspection were satisfactory completed. There was a medication management policy in place to guide to staff on ordering, prescribing, storing and administration of medication.

Inspectors viewed evidence, that there were regular three monthly reviews of medications in place, and medications were individually signed by the General Practitioner.

Inspectors reviewed a sample of drugs charts which were clear and legible. Photographic identification was available for each resident to ensure the correct identity of the resident receiving the medication, and reduce the risk of medication error in the sample examined. The prescription sheets distinguished between PRN (as needed), regular and short term medication. The maximum amount for PRN medication within 24 hrs was indicated on all prescription sheets viewed by the inspector. There was space to record when medication was discontinued and these were signed on the sample reviewed.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed time frames. There was space to record when a medication was refused on the administration sheet. The nurse was knowledgeable with regard to the procedure to follow if a resident refused prescribed medications.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. There was one resident at the time of inspection being administered medication that required special control measures (MDAs). Nurses kept a register of controlled drugs. Controlled drugs were checked at the change of each shift and signed by two nurses.

**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:**

Inspector's reviewed the notifications submitted to the Authority since the date of the last inspection at the centre, and cross referenced these with the accidents/incidents reports from the centre. Quarterly notifications were submitted appropriately by the person in charge in a timely manner.

Overall, a good standard of care delivery and documentation was found by inspectors with regard to accident and incident management. There was evidence that completed incident and accident forms were reviewed by the person in charge.

**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:**

Non Compliant - Minor

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

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

**Findings:**

There were some systems in place regarding the auditing of information in order to improve practice, for example, food and nutrition, hygiene, and quality of mattresses. Inspectors noted that some changes had been made as a result of these audits. Inspectors were given a copy of the information obtained from audits carried out regarding quality of life in the centre.

Inspectors noted that audits on environmental hygiene and infection control had also been completed and resulted in staff training in hand hygiene and infection prevention and control. However; inspectors were not satisfied that this action had not been comprehensively addressed since the last inspection. The person in charge acknowledged that further work is required and said that auditing would be focused on more closely after the inspection.

**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 - Minor

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

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

**Findings:**

Residents interviewed said they were well cared, and "staff look after us well" "they are very kind". Staff were observed to be caring and kind in their approach to residents. Inspectors viewed evidence that resident's were individually assessed for risk of falls. Each resident had a falls assessment completed and interventions were in place to reduce the risk of falls. Practice in relation to restraint use was good, for example; there were no bed rails or psychotropic medication used and the centre, and it had a restraint free policy. All the residents were independently mobile and safe moving and handling practices were observed by the inspectors.

All information in relation to individualised care was available in one file, ensuring that information was easily accessible to nurses. A range of evidence-based assessment tools were in use to identify risks related to nutrition, falls, and to identify overall dependency. Inspector's noted that care plans were reviewed at the required three month intervals. A narrative record of the resident's health and treatment given was recorded daily.

While some records were informative and reflected care plans the inspectors found that this was not consistent. For example, emergency protocols for treatment of residents who had specific conditions were not clearly outlined to ensure evidence based practice. There was also a lack of procedural guidance on the appropriate management of urinary catheters and infection control and management.

There was no evidence of involvement by the residents in their care plans, in the files reviews by inspectors; and this was an action identified at the previous inspection, and had not been adequately addressed.

The person in charge described residents having good access to General Practitioner (GP) services, and stated that reviews of medication were now occurring at three monthly intervals. This was documented by the G.P. in the medication charts.

There was access to allied health professional services including physiotherapy, and dietetic services. A chiropodist attended the centre regularly and audiology services were arranged as required via GP referral. Optometry appointments were also arranged as required. There was also good links with the local palliative care team.

There was a daily activity programme for residents. The activities provided reflect the nature and extent of resident's dependency and needs for example, activity focussed care, reminiscence therapy, bingo, art and crafts.

### **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 - Moderate

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

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

**Findings:**

The physical environment was suitable for its stated purpose and was homely, comfortable with well maintained gardens surrounding the centre. There was a large sitting room and visitors' room available for residents to relax and meet their loved ones. There were four twin and two single en-suite bedrooms. Bedrooms were suitable to meet the comfort and care needs of the residents. There was a call bell system in place at each resident's bed. There was suitable privacy, lighting, and televisions provided in each bedroom. The kitchen and dining room were suitable for the residents' needs and residents could access the dining room independently.

Laundry services were outsourced due to limited space to ensure compliance with best practice on infection control. The temperature of radiators and hot water did not pose a burn or scald risk to residents. There were a sufficient number of toilets and bathing facilities to meet the needs of residents as required by the Authority's Standards.

An action in relation to the cleaning room was not addressed since the last inspection. Inspectors discussed the previous action with the person in charge. There was no hand washing facilities provided for staff using this room. There was also no secure lock fitted to prevent residents from accessing this area.

The perimeter of the grounds at the rear of the site was secure, and safe for the residents to walk around and sit and relax. The centre was suitably furnished and an

ongoing program of refurbishment was in place internally.

### **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:**

No actions were required from the previous inspection.

**Findings:**

There was a written operational policy and procedure for the making, handling and investigation of complaints. This policy identified the person responsible for dealing with complaints, including the appeals process and the maintenance of a specific complaints log. Inspectors found that the complaints policy was displayed in the centre and was available for each resident. An examination of the complaints record verified that three minor complaints had been satisfactorily resolved.

### **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:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

Practices in place may not ensure that residents received end-of-life care in accordance with their wishes, and that respects their autonomy. The centre's policy was all residents were for resuscitation unless documented otherwise. End-of-life plans included discussions in relation to life sustaining treatments.

In files reviewed, there was evidence that a meeting had taken place with the resident's representative and nursing team. However; the resident's end-of-life wishes were not clearly documented, and the clinical judgment of the general practitioner's or a

consensus decision of any documented resuscitation status was not in place.

### **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:**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that the centre was compliant with current legislation in this area. The meals were served in the dining room which was bright and well decorated. There were enough tables and chairs in the dining room to accommodate all residents.

Catering staff were knowledgeable about the dietary needs of residents and were aware of those who required a special diet. Inspectors observed the lunchtime meal and saw that the food appeared wholesome and nutritional. Menus were provided for the residents and showed a variety of choices and meals. Staff offered assistance to residents in a discreet and sensitive manner. Staff were observed regularly offering drinks to residents. Residents confirmed their satisfaction with mealtimes and food provided.

A policy was available with regard to the monitoring and documentation of nutritional intake. This was enacted in the centre and the inspectors found that there were appropriate procedures in place to meet the nutrition and hydration needs of residents. Nutritional assessments were used to identify residents at risk of malnutrition or dehydration. Records showed that residents who required review by the dietitian had been reviewed by dietetic services. Records confirmed that residents were weighed on a monthly basis.

### **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:**

Residents confirmed that they were treated with respect and dignity. There was a residents' forum which gave residents an opportunity to talk about the service's they experienced. Meetings took place regularly, and minutes of meetings were viewed and included notes on issues, such as; meal times and menus.

A range of activities are available for residents. One staff had taken the role of activity co-ordinator and was working on the day of the inspection. Outings were arranged for shopping and social outings for some of the residents. Mass was said by the local priest every Tuesday and most of the resident's received Holy Communion every day.

Diversional therapies and pastimes were also available for all residents with various levels of cognitive impairment; these include communication therapy, and reminiscence therapy

Inspectors observed the delivery of care at intervals during the inspection period, and also reviewed the resident's and relative's questionnaires. As a result inspectors formed the opinion that the privacy and dignity of residents was respected by staff. Staff were observed knocking and seeking permission to enter bedrooms, doors to bedrooms and shower rooms were closed while staff were assisting residents. All rooms have en suite facilities. Residents were dressed well and could choose what clothes they wished to wear.

Residents were able to make choices about how they lived their lives in a way that reflected their individual preferences for example, on the day of the inspection a resident chose to go out to a day service in his local community. Residents have access to televisions, newspapers and telephone. There were notice boards located around the building containing information on the activities planned for the day, the menu options and the complaints procedure. The nursing home is very much part of the local community and residents had the choice to participate in local activities through Tulsk Parish Services.

Residents' could receive visitors in private. Visitors are welcome and there are no restrictions on visiting hours. Questionnaires completed by relatives confirmed that they were kept well informed by the person in charge and staff of the wellbeing of their loved one. They also confirmed that staff of all grades were freely available should they wish to contact them. It was noted in residents' files and on accident and incident records that staff informed relatives of residents when an incident occurred which affected their loved one.

**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:**

Inspectors viewed evidence that there was adequate space provided for resident's personal possessions. Resident's had a locked facility in their bedrooms. There was a system in place to label clothing for residents' in the centre. Laundry services were contracted for regular laundering of linen and clothing, and the safe return of clothes to residents. There were no complaints recorded about laundry or possessions being mislaid.

**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 staff team presented as a cohesive group that were very committed to the service and to the residents in their care. Staff stated that they felt the centre had good working practices and that staff worked together for the benefit of residents. Overall there was evidence that staff numbers and skill mix were appropriate to meet the needs of the residents in the centre.

There was a recruitment policy in place, to guide selection and vetting of staff. Staff files contained full employment history and certifications by medical practitioners that staff members were physically and mentally fit for the purpose of the work they perform. Documentation in respect of information required by Schedule 2 was incomplete. For example; there was no photo identification of the staff in the files examined.

From an examination of training records and communications with staff on duty, it was evident that management provided opportunities for staff to participate in training in a variety of areas applicable to their role and responsibilities. For example, staff received mandatory training in safety and evacuation, food hygiene, infection control, protection of residents from abuse and safe moving and handling. Records also showed that staff attended conferences in relation to palliative care.

## **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:***

Thelma O'Neill  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Action Plan

### Provider's response to inspection report<sup>1</sup>

Centre name:	St Eithne's Rest Care Centre
Centre ID:	ORG-0000699
Date of inspection:	11/03/2014
Date of response:	30/04/2014

## 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 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:**

The Residents' Guide did not contain a template of the contract for the provision of services and facilities by the registered provider to the residents. It also did not provide the name and address and telephone number of the Chief Inspector.

**Action Required:**

Under Regulation 21 (1) you are required to: Produce a residents guide which includes a summary of the statement of purpose; the terms and conditions in respect of accommodation to be provided for residents; a standard form of contract for the provision of services and facilities to residents; the most recent inspection report; a summary of the complaints procedure provided for in Regulation 39; and the address and telephone number of the Chief Inspector.

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

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

Residents Guide is currently been amended to include a summary of statement of purpose, terms and conditions for provision of accommodation for residents, contract for provision for provision of services and facilities to residents, most recent inspection report, summary of complaints procedure as in Regulation 39, and address and telephone number of the Chief Inspector.

**Proposed Timescale:** 14/05/2014

**Theme:** Leadership, Governance and Management

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

There were policies and procedures in place in accordance with legislative requirements but these required review; to ensure that the policies continue to work for the organisation.

**Action Required:**

Under Regulation 22 (1) (ii) -(iii) you are required to: Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) up-to-date and in good order and in a safe and secure place.

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

Policies and procedures are currently under review and any updates needing to be put in place in accordance with legislative requirements are been included in current policies and procedures.

**Proposed Timescale:** 14/05/2014

**Theme:** Leadership, Governance and Management

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

Directory of Residents did not include the resident's marital status and the name and address of the organisation organising the residents' admission.

**Action Required:**

Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

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

Directory of residents has been amended to include marital status of resident and name and address of organisation organising residents admission.

**Proposed Timescale:** 13/03/2014

**Theme:** Leadership, Governance and Management

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

Insurance cover is due to expire in March 2014. A copy of the renewed insurance certificate is required.

**Action Required:**

Under Regulation 26 (1) you are required to: Ensure that the designated centre is adequately insured against accidents or injury to residents, staff and visitors.

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

Insurance cover has been renewed with adequate insurance accidents or injury to residents staff and visitors. Copy of certificate will be forwarded.

**Proposed Timescale:** 06/05/2014

### **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:**

Ensure risk management policy covers policies such as; assault, accidental injury to residents or staff, aggression and violence and self-harm, as well as procedures for the identification, recording, investigation, and learning from serious or untoward incidents or adverse events involving residents.

**Action Required:**

Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

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

Risk management policy has been amended to include the precautions in place to control the unexplained absence of a resident, assault, accidental injury to residents or staff, aggression and violence, and self harm.

**Proposed Timescale:** 12/04/2014

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

**Theme:** Effective Care and Support

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

A more comprehensive system for monitoring quality assurance and continuous improvement of nursing care for residents was necessary to meet the requirements of the regulations.

**Action Required:**

Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

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

Resident care plans are currently under review and where necessary specialist staff will be consulted eg community diabetic nurse, infection control nurse and continence advisor re: development of care plan.

**Proposed Timescale:** 12/05/2014

**Theme:** Effective Care and Support

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

Systems should be put in place to ensure that information is audited to improve the quality of care, and make report available to the residents.

**Action Required:**

Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

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

Current audit system is being further developed to include Continence and Catheter Care, Diabetes Care and End of Life Care .Audits will be reported on and made available to residents and if requested to chief inspector.

**Proposed Timescale:** 12/05/2014

## 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:**

Provide evidence-based nursing practice for managing medical conditions in line with contemporary best practice.

**Action Required:**

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

Medical emergency policy is currently being developed with list of procedures to be adhered to and action plan to be implemented in case of emergency. This policy will depict a high standard of evidence based nursing practice in line with best practice.

**Proposed Timescale:** 26/05/2014

**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:**

Install an appropriate wash-hand basin to the existing cleaning room.

**Action Required:**

Under Regulation 19 (3) (k) you are required to: Provide necessary sluicing facilities.

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

Wash hand basin has been installed in cleaning store.

**Proposed Timescale:** 13/03/2014

**Theme:** Effective Care and Support

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

Provide a secure lock to the sluice room.

**Action Required:**

Under Regulation 19 (3) (k) you are required to: Provide necessary sluicing facilities.

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

A secure lock has been put in place in sluice room.

**Proposed Timescale:** 13/03/2014

### Outcome 14: End of Life Care

**Theme:** Person-centred care and support

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

Review existing end of life care plans with the General Practitioner. In future, end-of-life care meetings should include the resident and his/her family and the General Practitioner's.

**Action Required:**

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

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

Current end of life care plans are been reviewed and discussion with residents general practitioners are taking place.

**Proposed Timescale:** 26/05/2014

### Outcome 18: Suitable Staffing

**Theme:** Workforce

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

Ensure all Schedule 2 documents are in place for all staff employed at the centre.

**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:**

Correct staff photo identification is now in place.

**Proposed Timescale:** 13/03/2014