

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Colmcille's Nursing Home
Centre ID:	ORG-0000165
Centre address:	Oldcastle Road, Kells, Meath.
Telephone number:	046 9249733
Email address:	caroday@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St. Colmcilles Nursing Home Limited
Provider Nominee:	Thomas Ryan
Person in charge:	Elizabeth Caroline Day
Lead inspector:	Sonia McCague
Support inspector(s):	Mary McCann;
Type of inspection	Announced
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	6

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:
18 February 2014 10:00	18 February 2014 19:00
19 February 2014 09:00	19 February 2014 15:00

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

The purpose of this inspection was to inform a decision regarding the renewal of a registration that included follow up on the action plan to the previous inspection carried out on 26 March 2013, provider's response to the action plan and subsequent updates provided to monitor improvements required.

Notifications of significant incidents and information received by the Authority since the last inspection were also monitored and followed up on this inspection. This inspection was announced to and took place over two days. As part of the inspection inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, contracts of care and staff files.

There were 36 residents in the centre which has a maximum capacity for 42. The person authorised on behalf of the provider, person in charge and staff team were available in the centre to facilitate the inspection process. The purpose of the inspection was explained and matters arising from the previous inspection and monitored events were discussed and examined.

Since the last inspection, systems and measures had been put in place to enhance the overall management and governance arrangements in this centre and in Maple Court where both the provider and person in charge are accountable for.

Systems were in place to manage risk and safeguard residents while promoting their well being, independence and autonomy. Training and facilitation of staff had been provided relevant to staff roles and responsibilities, and further training was carried out since and planned for the person in charge, management group and staff team for 2014.

Overall inspectors found significant improvements made since the last inspection with actions progressed or addressed. Caroline Day is the person in charge of this centre and also has responsibility as person in charge of Maple Court Nursing Home in Castlepollard. As a result of ongoing monitoring, action taken and response to findings, and the completion of a satisfactory interview on 19 February 2014 she demonstrated that she was sufficiently engaged in the governance, operational management and administration of both centres on a regular and consistent basis. While acknowledging this role as a challenge the person in charge considered it sustainable with the supports put in place and recruitment of appropriate staff.

The environment was clean, warm and well maintained, and the atmosphere was calm and residents were supervised and well supported. Staff including the activity person were knowledgeable regarding residents and all residents were complimentary of staff and satisfied with the care services provided.

While much improvement was noted and substantial compliance was found in the many outcomes, improvements were required in seven as follows:

- contract of care
- maintenance of records
- risk management and fire safety
- medication management policy
- complaints records
- end of life records
- staff contingency plans and volunteer agreements.

These matters are discussed in the body of the report and outlined in the action plan at the end of this report for the providers' and person in charges' response. The provider nominee, person in charge and an administrative staff member attended feedback at the end of this inspection.

Questionnaires had not been returned to the Authority prior to inspection. However,

during the inspection residents comments were complimentary of the services provided.

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:

There was a written statement of purpose that described the service and facilities that are provided in the centre. The statement of purpose consists of a statement of the aims, objectives and ethos of the designated centre.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

It was reviewed and changes made in relation to the purpose and function of the designated centre were communicated to the Authority and updated within the statement of purpose.

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:

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

Findings:

An agreed written contract which included details of the services to be provided for that resident and the fees to be charged was available, and signed by the resident/representative and nominated person on behalf of the provider. However, the named provider in agreed contracts did not reflect the current registered provider.

The contract set out the services to be provided within the weekly fee relevant to care and accommodation and those which may be excluded and examples of services that may incur additional charges were also included.

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:

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

Findings:

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge has responsibility for two centres and in her absence there are two deputies and/or a nurse in charge to assume responsibility of the designated centre.

Since the last inspection significant improvements were found within the operational governance and management of the centre. The person in charge demonstrated sufficient clinical knowledge and a sufficient knowledge of the legislation and her statutory responsibilities. Inspectors were satisfied that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis and was committed to her own professional development and that of her deputies. The person in charge informed inspectors that she planned to undertake a gerontology course later this year and deputies were to be facilitated to undertake management training.

Residents were familiar with the person in charge and were complimentary of her.

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 - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

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) were available, easily retrievable and kept in a secure place. Records including the statement of purpose, residents guide, previous inspection reports, directory of residents, emergency procedures, and incident and accident documents along with records related to all residents and staff were available for inspection, as required.

The designated centre had stated in the application to renew registration that all written operational policies referenced in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were completed and available. Inspectors reviewed a selection of policies that guided practice which included a health and safety statement, risk management policies, management of complaints, the prevention, detection and response to abuse and procedures associated with prevention and management of falls. Ongoing review of policy documents was described and verified since inspection.

A current and written declaration of insurance cover was available in accordance with regulatory requirements.

Improvements in maintaining clinical records and recording practices were found, and further improvements were planned in respect of clinical assessment, care planning and evaluation records. However, records associated with details of the plan related to a resident in respect of a specialist healthcare assessment regarding dietary requirements was not sufficiently communicated or recorded. In addition, records of food provided to residents with specific needs were not maintained in sufficient detail to enable any person inspecting the record to determine whether the diet was satisfactory and/or included any special dietary requirements recommended.

Residents had access to their records and were satisfied with the arrangements in place.

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:

Arrangements were in place for the management of the designated centre in the absence of the Person in Charge. However, inspectors did not meet an appointed deputy due to being on planned leave.

Inspectors were informed that an absence by the person in charge for more than 28 days was not expected.

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:

Systems and measures were in place to safeguard residents.

Policies and procedures were in place on the prevention, detection and response to abuse and protection of vulnerable adults and older persons. A training programme was described by staff who were knowledgeable regarding what constitutes abuse and how to respond to suspicions or an allegation of abuse. Residents who spoke with inspectors said they felt safe in the centre.

Measures to were in place to safeguard and protect residents' 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:

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

Findings:

Policies and procedures relating to health and safety, and risk management were available in the centre. The health and safety statement was up-to-date identifying safety representatives working within the centre.

A risk management policy was available and implemented which covered the identification, assessment and management of risks.

A risk register was maintained and available. Identified risks related to the centre, recent events and incidents had been assessed, controlled and evaluated within the record.

Reasonable measures were in place to prevent and control infection, and prevent accidents. Staff were trained in infection control and manual handling and demonstrated safe practices and handling techniques when assisting and supporting residents. Arrangements were in place for investigating and learning from events and incidents. Audits of restraint use, accidents and incidents were maintained by the person in charge which informed a review of care interventions and control measures in place. Improvements in care and a reduction in incidents were attributed to additional control measures that included additional supervision arrangements and new alert systems/devices made available and adopted since the last inspection. Inspectors were satisfied that the systems in place and interventions provided, mitigated risks to resident's safety and welfare, however, neurological observations were not consistently recorded following all unwitnessed falls.

Infection control procedures were in place supported with a policy. Staff described procedures and practices employed following a recent outbreak of infection which was in accordance with national guidelines. Infection control practices in relation to hand hygiene were good and hand sanitising dispensing devices were available throughout the building. Staff were observed to be vigilant with hand hygiene.

A fire register was maintained and precautions against the risk of fire were in place. A declaration of fire safety compliance was completed and submitted with the application to renew the registration of this centre. Service records confirmed that the fire alarm and fire safety equipment including emergency lighting were serviced recently. Staff had received training in fire safety and fire evacuation and further training dates were planned and since confirmed to facilitate all staff as outlined in Outcome 18. Inspectors raised concerns regarding identified escape routes via three twin bedrooms and

potential obstruction if a resident locked their door or altered furniture within. The person in charge has since confirmed that the means of escape via residents bedrooms were reviewed by the fire officer and alternative arrangements were also identified and to be communicated to all staff. The fire evacuation and management plan was to be updated to reflect current arrangements.

Confirmation regarding contingency plans to be adopted in the event of a power failure, for example, provision of a generator was to be confirmed by the registered provider following a power failure for over two hours in December 2013.

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:

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

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

The processes in place for the administration and handling of medicines, including controlled drugs, were observed to be safe and in accordance with current guidelines and legislation. Nursing staff had attended training in medication management and a system was described for reviewing, transcribing, prescribing and monitoring medication management practices. However, inspectors found that the policy was not sufficiently detailed to reflect the practice of nurse/s transcribing described. Nurses undertaking this role had not signed each transcribed prescription kardex to demonstrate responsibility for the completion of same prior to the GP.

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:

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

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:

System were in place to review and monitor the quality and safety of care and the quality of life of residents.

Improvements were brought about as a result of the learning from audit and monitoring reviews. There was an improvement in the overall quality of care for residents since the last inspection and evidence of monitoring informed the overall developments. Evidence of ongoing monitoring in accordance with Standard 30 was found which included audits of accidents, incidents, use of restraint, vaccinations, wounds, and complaints was established to inform future developments and aid learning

There was evidence of consultation with residents and their representatives.

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:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Residents' health care needs were met through timely access to GP services and appropriate treatment and therapies. Arrangements were in place to ensure residents had appropriate access to medical and healthcare services when required. Residents and staff were complimentary of the current healthcare arrangements, service provision and improvements implemented since the last inspection.

Residents had reasonable access to allied health care services. The care and services delivered encouraged health promotion and early detection of ill health facilitating residents to make healthy living choices.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was maintained and shared between providers and services.

In the main, assessments and clinical care accorded with evidence-based practice. Residents had been assessed to identify their individual needs and choices. Each resident had care plans in place and reviews were on an ongoing basis at a minimum of every three months. Improvements were found in care plans which were personalised with specific details of resident's abilities, needs and choices following assessment and changes. Assessments to determine interventions and aid evaluation were completed to reflect current interventions and explicit practices applied. Efforts were made to identify and alleviate the underlying causes of behaviour that was challenging and where restraint was used. Consultation with residents and representatives was evident within decisions made.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. Activity and care staff interacted well with residents while facilitating engagement in meaningful activities which residents were complimentary of.

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:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The design and layout of the centre is suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises and grounds were well maintained and clean, with suitable heating and ventilation. Inspectors were informed that a refurbishment programme was ongoing and proposals to reconfigure and carry out internal improvements in relation to the day space facilities were planned. A maintenance system was in place and a maintenance staff member was on duty during this inspection.

Residents bedrooms were personalised, and could accommodate furniture and equipment to support their needs/choices. The layout of furniture in one bedroom required review following a review/change of fire exit provision. Bedroom accommodation comprised of 26 single rooms and eight twin bedrooms, with suitable and sufficient availability to sanitary, toilet and bath/shower facilities. Dining room facilities were centrally located adjoining the main kitchen and meals were arranged and served in two sittings. Residents had access to a safe and enclosed outdoor courtyard. A smoking room was available to residents within the centre.

There was appropriate equipment for use by residents or staff which was maintained in good working order. Equipment, aids and appliances such as hoist, call bells, hand rails were in place to support and promote the full capabilities of residents. Service records were available to demonstrate equipment was maintained in good working order. Staff were trained to use equipment and equipment was observed to be stored safely and securely.

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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Policies and procedures for the management of complaints were in place. There were no

active complaints and an appeals process formed part of the complaints policy and procedure.

The complaints process was accessible to all residents and the procedure was displayed in a prominent place.

Residents were aware of the complaints process and felt supported to make complaints. The person in charge was the nominated person to deal with all complaints and records reviewed demonstrated that all issues/complaints were investigated. While satisfaction with the outcome of complaints made was known by the person in charge, it had not been recorded.

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:

At the time of inspection inspectors were informed that there were no residents receiving end-of-life care. A policy and operational procedures for end of life were in place and available. Engagement with residents and their family members at end of life was described by the person in charge, medical and palliative care providers were available to residents and family as required.

However, policies required improvement to guide staff and inform care practices at the end and after life. While clinical decisions regarding care and treatment at the end of life were recorded, an end-of-life care plan detailing evidence that residents and relatives' wishes were discussed, planned, recorded and reviewed accordingly had not been completed or maintained for all residents.

A consistent approach in recording end-of-life care and planning was not maintained to include preferred religious, spiritual and cultural practices, and arrangements made and decisions taken after death.

The person in charge informed inspectors that residents and their family were supported with overnight facilities and refreshments provided as required.

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 were satisfied that residents were provided with a nutritious and varied diet that offered choice. Mealtimes were unhurried social occasions that provided opportunities for residents to interact with each other and staff. Staff were seen assisting and supporting residents appropriately, in a discrete and respectful manner. Two sittings were arranged at mealtimes.

Staff preparing, serving and assisting with meals and drinks were familiar with residents dietary requirements, needs and preference. Staff offered choices and sought resident satisfaction levels while serving and during meals.

There was a policy in place to guide practice and clinical assessment in relation to monitoring and recording nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices in place to monitor residents that included regular weight monitoring and food/fluid intake recording. Access to dietician and speech and language therapists was available based on assessment of need and staff judgement.

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:

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

Findings:

Inspectors found adequate arrangements in place for consultation with residents on the running of the service. The residents' forum met on a regular basis which included the involvement of relatives and/or their representative. Minutes of meetings were available to demonstrate this.

Residents confirmed that their religious and civil rights were supported. Religious ceremonies and visits formed an important part of residents' lives. Residents were also facilitated to attend services and regular events such as bingo and dances within the community.

Inspectors found that residents' rights and privacy was respected. Staff were observed engaging, communicating and announcing themselves to residents appropriately. Bedrooms were largely single occupancy and opportunity to meet relatives/visitors in private was available to residents occupying twin bedrooms.

Residents had a television and/or radio in their room, access to daily newspapers and could receive or make telephone calls in private. Communication and notice boards were provided with information regarding forthcoming events and local news items.

Staff described how they promoted regular links with the local community through supported outings, family involvement and arrangements with people from the locality.

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:

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

Findings:

Inspectors were satisfied with the space provided for residents' personal possessions and storage of their own clothes. Residents told inspectors they were satisfied with the arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to them.

A policy was in place and procedure described on management of residents' personal property and possessions. Personal property was safeguarded through systems including record keeping.

There were adequate laundry facilities with systems in place to ensure that residents' own clothes are returned to them. While residents could retain control over their own possessions and clothing and make alternative arrangements for their own laundry if they wished to.

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:

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

Findings:

Staff actual and planned rosters were available reflecting the staffing provision and arrangements in place. Staff were seen supporting, assisting or supervising residents accordingly in a meaningful and engaging manner. Residents told inspectors they felt supported by staff that were available to them as required.

Improvements in the management and governance arrangements were evident. Learning from previous inspection and incidents was apparent, and overall systems were in place to promote and deliver safe and appropriate care, and supervision to the current number of dependent residents. Inspectors were satisfied that the number and skill mix of staff on duty and available to residents during inspection was sufficient to resident numbers and dependency levels/needs. However, contingency plans to cover planned or unplanned staff leave was not sufficient. A reported turnover in nursing staff had depleted available nursing numbers and available hours resulting in the person in charge covering nurse's shifts. Inspectors were not satisfied with this arrangement as the person in charge has responsibility for the operation and management of two centres. The provider and person in charge explained to inspectors that this was a short term contingency measure while they were actively recruiting nurses. The person in charge has since communicated to the Authority that two nurses had been recruited and were to commence employment April 2014.

A staff training programme was planned and available for 2014. Mandatory training, facilitation and education relevant to the resident group had been provided since the last inspection which included fire safety, manual handling, adult protection, continence promotion, falls prevention and management, medication management, nutritional screening and monitoring, documentation and care planning. However, in discussions

with staff and following a review of records inspectors found that a number of staff while knowledgeable in relation to fire safety and evacuation procedures, and elder abuse, they had not attended mandatory training as required by policy. Since this inspection the person in charge submitted training attendance records to demonstrate these staff had since completed fire safety and elder abuse training.

Recruitment procedures were in place and a sample of staff files were reviewed by inspectors. Evidence of professional registration for rostered nurses was available and current. The sample of staff files were examined against the requirements of Schedule 2 records and in follow up to the last inspection findings. In the main staff files were well maintained.

A number of volunteers had active roles in the centre, while Garda Síochána vetting had been completed; the nature and extent of their roles and responsibilities had not been detailed and agreed in writing.

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:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St. Colmcille's Nursing Home
Centre ID:	ORG-0000165
Date of inspection:	18/02/2014
Date of response:	25/03/2013

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 named provider in agreed contracts of care did not reflect the name of the current registered provider.

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:

The names of the Provider has now been altered to reflect the name of the Registered provider.

Proposed Timescale: 24/02/2014

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

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:

Records associated with details of the plan related to a resident in respect of a specialist healthcare assessment regarding dietary requirements was not sufficiently communicated or recorded.

Records of food provided to residents with specific needs were not maintained in sufficient detail to enable any person inspecting the record to determine whether the diet was satisfactory and/or included any special dietary requirements recommended.

Action Required:

Under Regulation 22 (1) (i) you are required to: Maintain the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) in a manner so to ensure completeness, accuracy and ease of retrieval.

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

On the 2nd day of the inspection, the above information was clarified and evidenced.

In future, all relevant care plans are re-assessed following assessment by specialist health care staff e.g. S.A.L.T and physio and same communicated to the relevant staff on the same day.

Proposed Timescale: Ongoing

Proposed Timescale: 25/03/2014

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:

Neurological observations were not consistently recorded following all unwitnessed falls/accidents.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

Since inspection, the Head Injury policy has been reviewed which was forwarded on to the authority on 4th March 2014; this is also included in the Falls management policy. A notice at both nursing stations has been displayed to inform all staff that the GCS scale is to be completed on all falls, witnessed or unwitnessed.

Proposed Timescale: 25/02/2014

Theme: Safe Care and Support

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

Confirmation regarding contingency plans to be adopted in the event of a power failure were not in place or confirmed by the registered provider as agreed.

Action Required:

Under Regulation 31 (3) you are required to: Put in place an emergency plan for responding to emergencies.

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

The switch for the generator will be completely installed by the end of April 2014.

Proposed Timescale: 30/04/2014

Theme: Safe Care and Support

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

The fire evacuation and management plan was to be updated to reflect current arrangements following a review of identified escape routes via residents bedrooms.

Action Required:

Under Regulation 32 (1) (b) you are required to: Provide adequate means of escape in the event of fire.

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

After consultation with a fire engineer, the exits in room 5, 16, and 22 are now not part of the identified escape routes due to protecting the Residents privacy. A letter was forwarded to the inspector in March 2014 regarding new fire evacuation plan for rooms, 5, 16, and 22 will be devised. All Staff will be informed.

Proposed Timescale: 15/04/2014

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 medication policy was not sufficiently detailed to reflect the practice of transcribing undertaken by nurses.

Nurses had not signed each transcribed prescription kardex to demonstrate responsibility for the completion of same prior to the GP.

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 Medication Management policy has currently being reviewed. The pharmacist now completes the medication administration record, which signed by the GP. The pharmacist and the GP devise and sign the Medication Administration Record

Proposed Timescale: 31/03/2014

Outcome 13: Complaints procedures

Theme: Person-centred care and support

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

The satisfaction levels of complainants were not recorded, as required.

Action Required:

Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

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

On the Record book of complaints, a column was inserted to indicate if the complaint was satisfied, evidence was forwarded to the authority on 4th March 2014.

Proposed Timescale: 04/03/2014

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:

Policies required improvement to guide staff and inform care practices at the end and after life.

An end-of-life care plan detailing evidence that residents and relatives' wishes were discussed, planned, recorded and reviewed accordingly had not been completed or maintained for all residents.

A consistent approach to recording end of life care and planning was not maintained to include preferred religious, spiritual and cultural practices, and arrangements made and decisions taken after death.

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:

The End of Life Care policy was reviewed in November 2013, albeit roll out of same is not completed with all staff. The End of life Care policies were reviewed in conjunction with a review of Maple Court as part of their Thematic Inspection in November 2013. All revised End of Life Care plans with all Residents and families by 30th April 2014.

Proposed Timescale: 30/04/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

Contingency plans to cover planned or unplanned staff leave were not sufficient.

A reported turnover in nursing staff had depleted available nursing numbers and available hours resulting in the person in charge who has responsibility for the operation and management of two centres covering nurse's shifts in one centre.

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:

Recruitment for Staff Nurses was ongoing since October 2013, 2 Nurses have now been successfully recruited since inspection and are due to commence employment on April 28th 2014.

Proposed Timescale: 28/04/2014

Theme: Workforce

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

A number of staff had not attended mandatory training as required by policy.

Action Required:

Under Regulation 17 (3) you are required to: Make staff members aware, commensurate with their role, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.

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

Staff Members have since attended their required mandatory training. All staff have been informed, that if they do not attend the mandatory training as required, their names will be removed from the roster until training is completed.

Proposed Timescale: 14th March 2014 and ongoing

Proposed Timescale: 14/03/2014

Theme: Workforce

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

The nature and extent of volunteers roles and responsibilities had not been detailed and agreed in writing.

Action Required:

Under Regulation 34 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in a written agreement between the designated centre and the individual.

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

The roles and responsibilities have been completed; all volunteers have now signed the written agreement.

Proposed Timescale: 26/03/2014