<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Augustine’s Community Nursing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000649</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Cathedral Road, Ballina, Mayo.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>096 22662</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:michael.fahey@hse.ie">michael.fahey@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Michael Fahey</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Marie Hennigan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann-Marie O'Neill</td>
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<tr>
<td>Support inspector(s):</td>
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</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>31</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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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 judgements 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 07 May 2014 09:50  To: 07 May 2014 19:00

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

<table>
<thead>
<tr>
<th>Outcome 03: Suitable Person in Charge</th>
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<tbody>
<tr>
<td>Outcome 06: Safeguarding and Safety</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Medication Management</td>
</tr>
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<td>Outcome 11: Health and Social Care Needs</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The inspector was satisfied that residents received a good standard of nursing care and that they were safe and protected from abuse.

Residents had access to allied health professional services such as speech and language, chiropody, dietitian, physiotherapy, occupational therapy, ophthalmic and dental services. No residents had pressure ulcers at the time of inspection. There was evidence of good falls prevention and management, residents were assessed by the G.P. and had neurological observations and referral to physiotherapy if required.

There was evidence of good practice in relation to reduction of restraint in the centre. Residents were assessed in relation to the use of bed rails or the use of monitoring devices for residents at risk of absconding from the centre. The inspector found evidence that residents were consulted in relation to restraint, giving written consent or this was discussed with their relative/representative.

The centre was undergoing refurbishment at the time of inspection. Toileting facilities for residents had been enhanced and were bright, clean and spacious with grab rails and safety measures included.
However, there were improvements required in relation to fire safety, hazard identification, activity provision and staff recruitment documentation.

The action plan at the end of this report identifies where improvements were needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**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 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:**

Marie Hennigan was the person in charge. An interview was carried out by an inspector on the previous inspection in 2013 and the person in charge was found to have the knowledge and skills commensurate to her role.

The person in charge worked full time in the centre and was a qualified nurse with up to date registration. She had worked in the centre for six years.

Since the last inspection the person in charge had continued her professional development and had completed training in basic life support, elder abuse prevention, continence care, hand hygiene, medicines management, nutritional risk assessment, care planning and manual handling.

The person in charge was knowledgeable of residents' health care needs and her responsibilities in relation to notification of incidents to the Chief Inspector.

The centre was undergoing refurbishment at the time of inspection and the person in charge was actively involved in this process. For example, at the time of inspection she was researching suitable signs for doors in the unit that would meet the needs of residents with cognitive decline, for example, residents with dementia.
**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:**
The inspector found that there were systems in place to safeguard and protect residents from abuse. All staff working in the centre had received training in elder abuse prevention and trust in care. 19 staff required refresher training which was due to occur the 19 May 2014.

The person in charge had a good understanding of how to respond to allegations of abuse. Other staff spoken with were also knowledgeable in relation to the policy and procedure of responding to allegations of abuse.

The inspector reviewed the policy and procedures in relation to safeguarding residents from abuse. This policy was up to date and had been regularly reviewed. It identified types of abuse and identified the senior case worker for elder abuse to be contacted in the event of an allegation of abuse occurring.

The procedure in place for reporting abuse outlined preliminary investigation steps and information in relation to notifying the Gardaí and allied professionals was also specified. The procedure had a detailed flow chart to indicate the steps to be taken by staff when reporting suspected abuse.

Systems were also in place for the safeguarding of residents' monies in the centre. A comprehensive policy was in place to safeguard residents' private property. This gave detailed instructions and guidance for staff in relation to management of residents' monies. External and internal audits of residents' accounts were one example of ways in which resident's personal property was safeguarded. The inspector did not review money management systems in the centre on this inspection.
Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe Care and Support

Judgement:
Non Compliant - Major

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
There were adequate risk management systems in place and health and safety of residents, visitors and staff were promoted and protected in the centre. However, there was some improvement required in relation to the use of wedges and chairs to hold some doors in the centre open and also in relation to hazard identification.

Doors to rooms that contained harmful chemicals for example, sluice and laundry rooms had risk control measures in place to safeguard residents. However, access to the kitchen had not been assessed in relation to risk to residents. Hand rails were provided in circulation areas. The centre had safe floor covering provided. Corridors were well lit with artificial and natural light. Staff training records for manual handling were up to date with renewal dates indicated for 2016. Over head hoists were in use in most residents rooms.

Infection control measures were in place within the centre. Alcohol hand gels were in use throughout the centre and all staff had completed hand hygiene training in 2013. Colour coded cleaning cloths were used to prevent cross contamination, for example pink cloths were used to clean food preparation areas with green cloths used to clean tables. Daily cleaning records were maintained in the centre with contract cleaning for the floors and toilets in the centre. There had been no notification of outbreaks of infectious disease for the centre since the previous inspection in April 2013.

Fire extinguishers had been serviced 2 May 2014. Servicing records for emergency lighting and fire alarm were up to date with the most recent date 4 February 2014. Fire drills records indicated the last drill was November 2013. Break glass systems were located throughout the centre and had been checked on the 24 April 2014. Fire evacuation mobility needs specific to residents were kept on each corridor, these records indicated the mobility assistance aids some residents required in the event of an evacuation. The centre did not have a smoking room.

However, during the inspection, the inspector identified a fire safety risk. Some fire doors were kept open using wedges or chairs. This was to allow ease of movement of residents and staff to certain parts of the centre. However, this was not in keeping with adequate fire safety as fire doors could not automatically shut in the event of a fire if
proped open. The person in charge removed all wedges and chairs holding doors open on the day of inspection. The emergency plan dated 24 September 2013 identified emergency actions for staff to follow in the event of fire, evacuation, flooding, lack of laundry or catering facilities and water contamination.

Risk management systems in place included the risk management policy, safety statement and risk register which had been updated in October 2013. The safety statement had recently been updated on 24 September 2013 with its next review date scheduled for 2015. The inspector reviewed the risk register, which identified a range of risks throughout the centre, although some further improvement was required.

The risks as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres For Older People) Regulations Amended 2009 were documented in the risk management policy. These included precautions in relation to residents’ absent without leave, assault, accidental injury to residents or staff, aggression and violence and self harm. However, risk assessment in relation to safe storage of gloves and aprons throughout the centre was required. The person in charge was in the process of reviewing storage systems for gloves and aprons in the centre.

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

#### Findings:
Generally safe medication practices were in place at the time of inspection. Some improvements were required in relation to maintaining up to date medication audits, photographic identification on prescription charts and supply of receptacles for rejected or soiled medications to be disposed in.

All nurses had received medication management training. Training sessions had also taken place for nurses in the safe administration of insulin.

The medication fridge temperature was monitored daily and medications kept in the fridge indicated dates they had been opened to ensure that out of date medications were not in use. Insulin was also stored in the fridge.

Control drugs were kept in a locked press within a locked press. The centre had a controlled drug register that was kept up to date. Medications administered had
signatures of two nurses. Checks were carried out twice a day and these were documented in the drug check log book. The incident accident log book indicated there had been no drug errors since the last inspection.

The centre had medication management policies in place, these had been reviewed in March 2014. The self administration policy indicated clear guidance for staff in the assessment of capacity for self medication, safe storage and continuous monitoring and recording of self administration practices.

The inspector observed a medication round and found that nurses engaged in safe medication administration and documentation practices. Discontinued prescriptions were signed off by the resident's general practitioner (GP). No residents required crushed medications on the day of inspection. Staff who spoke with the inspector were knowledgeable about safe administration and disposal of medications.

Not all prescription charts had photographic identification. A new prescription form had been introduced to the centre and not all residents' photographic identification had been uploaded on the system at the time of inspection. Medication audits were not up to date, the impact of which was evident in that no receptacles were available for staff to engage in best practice for disposing of rejected or soiled medications.

**Outcome 11: Health and Social Care Needs**

Each resident's 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 resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective Care and Support

**Judgement:**
Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
There was evidence of good clinical practice in a number of areas including pressure ulcer prevention, falls management and restraint.

While residents had good health care assessment and intervention, care plans were not consistently updated. Residents had access to an eclectic range of activities however, there was little evidence to show that activity provision was based on assessment and
activities were often disrupted due to lack of staff allocation during these times.

Residents had access to their own GP's and were reviewed regularly and referrals were made as necessary to allied health services such as speech and language therapy, dietician, and chiropodist. Residents also had access to physiotherapy as required.

A range of assessments were implemented in care plans in relation to falls, weight loss/gain management, dependency levels, continence care, dental and oral and optician assessment. Nursing note entries were daily and up to date on the day of inspection. While some care plans were detailed, reviewed regularly and individualised to the resident's current needs, not all the three monthly care plans were up to date.

Measures were in place for the prevention and management of falls. The inspector reviewed a sample of care plans of residents who were a risk of falls. Residents who had sustained falls received neurological observations and were reviewed by the GP and physiotherapist if required.

Care plans showed evidence of introduction or review of preventative strategies following post fall review, for example the introduction of hip protectors as recommended in a post fall assessment. Residents at risk of falling out of bed had been assessed and safety measures, such as low-low beds and crash mats were introduced to reduce the risk of injury for these resident.

No resident had pressure ulcers at the time of inspection. Residents at risk of developing pressure ulcers were reviewed and had associated pressure ulcer prevention strategies in place, such as pressure relieving mattresses.

Residents received assessment in relation to restraint and evidence that alternatives were trialled were documented in residents' care plans. There was evidence of residents being consulted in relation to the use of bed rails. Residents' expressed wishes to use bed rails were documented with signatures from the residents, their GPs and staff nurses carrying out the restraint assessments.

Residents at risk of absconding from the centre had been assessed for the use of wandering monitoring devices. The inspector found evidence of discussion with residents and/or their representatives in relation to the use of these devices. However, the missing person care plans for all residents were out of date.

Residents at nutritional risk were regularly reviewed by the speech and language therapist and dietician. Associated nutritional risk assessments were carried out regularly for residents by nursing staff. Residents were prescribed nutritional supplementation if required. Suitable care plans had been developed for residents identified at risk.

The centre had an activity coordinator, she had training in delivering sensory therapies for people with dementia, indicating a commitment to enhancing activity provision to meet the needs of all residents. Residents had access to dog therapy, quizzes, card games, daily Mass, sing a long music sessions, art classes and jigsaw. The activity coordinator also worked as a multi-task and physiotherapy assistant. These delegated tasks often conflicted and impacted on her time dedicated to activity provision.
Meaningful activity assessments in the care plans had been completed by nursing staff but there was no evidence that they had been reviewed or updated. The inspector did not find evidence that activities provided to residents were linked to assessment outcomes.

### 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 - Minor

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that staffing levels were sufficient on the day of inspection to meet the needs of residents. A sample of duty rosters confirmed that there was a registered nurse on duty at all times.

Nurses and multi-task assistants worked in the centre. Staff training records indicated staff had engaged in training in nutrition for older people, end of life care, care planning, basic life support, restraint management and dementia care.

Supervision performance reviews were carried out annually by the person in charge. She also supervised staff working in the centre on a continuous basis, working alongside staff each day.

Files for staff engaged in health care duties in the centre complied with regulatory requirements. However, files for non-health care staff did not meet regulatory requirements in relation to the required number of references.
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:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
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<tr>
<td>Centre ID:</td>
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<tr>
<td>Date of inspection:</td>
<td>07/05/2014</td>
</tr>
<tr>
<td>Date of response:</td>
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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 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:
Some risks specific to the centre had not been assessed, such as safe storage of gloves and aprons and access to the kitchen.

Action Required:
Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Please state the actions you have taken or are planning to take:
Advice obtained from our Risk Advisor re: the storage of disposable gloves and aprons. Awaiting further clarification on suitable storage from HSE. In the mean time the current storage units have been moved to reduce accessibility to mobile residents. Individual risk assessment carried out on mobile residents and placed in their plan of care, with a corresponding care plan. Use of these items is now on the risk register and

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

The application of key pads to reduce resident access to the kitchen area has been requested urgently from the maintenance department.

**Proposed Timescale:** 21/06/2014

**Theme:** Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some fire doors were wedged open or kept open using chairs.

**Action Required:**
Under Regulation 32 (1) (c) (i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

**Please state the actions you have taken or are planning to take:**
All fire doors are being operated correctly. All wedges have been removed. All staff have been advised of this at hand over, staff and Health and Safety Meetings. Application of suitable door closers linked to the fire alarm system has been requested.

**Proposed Timescale:** 13/06/2014

**Outcome 08: Medication Management**

**Theme:** Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all prescription charts had photographic identification of residents.

**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:**
Photographs now in place on medication charts for all residents.

**Proposed Timescale:** 13/06/2014

**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:
Assessments and activity provision were not linked. Activity assessments were out of date and filled in by staff that are not involved in activity provision.

**Action Required:**
Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

**Please state the actions you have taken or are planning to take:**
Audit undertaken of activity assessments and care plans. Outcome to be discussed at nurse meeting on 19th June 2014. Activity assessments (PAL etc) will be stored in the careplan section of the nursing notes to ensure that this is reviewed systematically.

**Proposed Timescale:** 31/07/2014

**Theme:** Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff responsible for activity provision are delegated multiple roles to carry out during activity provision times, thus impacting on opportunities for each resident to participate in activities appropriate to his/her interests and capacities

**Action Required:**
Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

**Please state the actions you have taken or are planning to take:**
We will endeavour to ensure that the staff member assigned to activity planning will remain allocated to that duty only.

**Proposed Timescale:** 13/06/2014

**Theme:** Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all resident’s care plans had been kept under formal review at 3-monthly intervals.

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

**Please state the actions you have taken or are planning to take:**
All care plans audited and 3 monthly care plans now up to date. Monthly audit to be undertaken ongoing to ensure all care plans are reviewed at a minimum of 3 monthly. Written instruction to the named nurse to prompt the review.
### Proposed Timescale: 13/06/2014

**Theme:** Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Missing person care plans had not been updated regularly.

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

**Please state the actions you have taken or are planning to take:**
Immediate arrangements in place to ensure that the missing persons section is kept up to date- this will be stored in the care plan section to ensure that this is systematically reviewed every 3 months.

### Proposed Timescale: 30/06/2014

### Outcome 18: Suitable Staffing

**Theme:** Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all staff working in the centre had staff files that met the criteria as set out in Schedule 2 of the Regulations.

**Action Required:**
Under Regulation 18 (2) (c) you are required to: Put in place recruitment procedures to ensure the authenticity of the staff references referred to in Schedule 2.

**Please state the actions you have taken or are planning to take:**
Each staff file will be reviewed to ensure compliance

### Proposed Timescale: 31/08/2014