<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Villa Marie Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000437</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Grange, Templemore Road, Roscrea, Tipperary.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>0505 231 97</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:catherinequealy@eircom.net">catherinequealy@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes)</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Villa Marie Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Catherine Quealy</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Catherine Quealy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Gemma O'Flynn</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Julie Hennessy</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>23</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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 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: 17 June 2014 09:15
To: 17 June 2014 17:00
From: 18 June 2014 08:45
To: 18 June 2014 01:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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<tr>
<td>Outcome 02: Contract for the Provision of Services</td>
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<tr>
<td>Outcome 03: Suitable Person in Charge</td>
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<tr>
<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 05: Absence of the person in charge</td>
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<td>Outcome 06: Safeguarding and Safety</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Medication Management</td>
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<td>Outcome 09: Notification of Incidents</td>
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<tr>
<td>Outcome 10: Reviewing and improving the quality and safety of care</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents clothing and personal property and possessions</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
This report sets out the findings of a two day, announced inspection that took place to inform a re-registration decision.

Villa Marie Nursing Home is situated on the edge of Roscrea town and can accommodate up to 23 residents. On the days of inspection there were 21 residents in the centre, 1 resident in hospital and 1 vacancy.

As part of this inspection, inspectors reviewed the policies, procedures and practices relating to all 18 outcomes which included risk management, safeguarding, medication management, healthcare needs, premises, residents’ rights and staffing.
Overall, inspectors found that the health and social needs of the residents were well met by trained, caring staff who knew the residents well. Care was delivered in a homely, welcoming and relaxed environment and residents and their representatives reported much satisfaction with the care provided.

Areas of non compliance were identified in: Records and Documentation, Fire Safety & Risk Management, Medication Management, Healthcare Needs, Safe Premises and Staffing. These are discussed throughout the report and in the action plan at the end of the report.
| **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 |
| **Outstanding requirement(s) from previous inspection:** |
| **Findings:**  
The statement of purpose consisted of the aims, objectives and ethos of the designated centre. It contained all of the information required under Schedule 1 of the Regulations. It was available to residents and a copy was seen displayed on the back of residents’ bedroom doors. Inspectors found that the statement of purpose was implemented in practice. |
| **Judgement:**  
Compliant |

| **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 |
| **Outstanding requirement(s) from previous inspection:**  
The action(s) required from the previous inspection were satisfactorily implemented. |
| **Findings:**  
Each resident had a written contract agreed within a month of admission. The contract dealt with the care and welfare of the resident in the centre and set out all fees being charged to the resident. |
| **Judgement:**  
Compliant |
<table>
<thead>
<tr>
<th><strong>Outcome 03: Suitable Person in Charge</strong></th>
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<tbody>
<tr>
<td><strong>The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.</strong></td>
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</table>

**Theme:**
Leadership, Governance and Management

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

**Findings:**
There was a clearly defined governance structure which identified the lines of authority and accountability in the centre. Staff who spoke with inspectors demonstrated a clear understanding of the management structure.

The person in charge was also the provider and was engaged in the centre on a full time basis. She had the required experience in the area of nursing the older adult. She was able to demonstrate very good clinical knowledge and had sufficient knowledge of the legislation and her statutory responsibilities. The person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She had engaged in continuing professional development and discussed plans for further courses for 2015 such as End of Life Care.

Residents, relatives and staff were able to identify her as the person in charge and all were very supportive of her as a person in charge.

**Judgement:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 04: Records and documentation to be kept at a designated centre</strong></th>
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<tbody>
<tr>
<td><strong>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).</strong></td>
</tr>
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</table>

**Theme:**
Leadership, Governance and Management

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

**Findings:**
Complete records were maintained in the centre and overall, records were accurate and
up to date. Records were kept in a secure manner and all information was easily retrievable.

Whilst all policies required under Schedule 5 of the Regulations were in place and overall gave good guidance, some required further development to ensure that they reflected the specific practices such as the medication policy, the nutrition policy and the laundry policy. Whilst the inspector was satisfied that all policies had been reviewed in the last three years, some did not have a date of last review such as the infection control policy.

Inspectors saw evidence that the centre was adequately insured against accidents or injury to residents, staff and visitors.

Judgement:
Non Compliant - Minor

**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

Outstanding requirement(s) from previous inspection:

Findings:
There had been no occasions whereby the person in charge had been absent for more than 28 days. In the case of an emergency, there was suitable deputising arrangements in place. A senior nurse was identified as a person participating in management and she would fulfil deputising arrangements as required. She was a nurse with appropriate experience and knowledge in the area of the older person. Staff were able to identify her as a key senior manager and were supportive of her.

Judgement:
Compliant

**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

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

Findings:
There was a policy on, and procedures in place for, the prevention, detection and response to abuse. There were measures in place to safeguard residents and protect them from abuse. Staff had all received training and were clear on what constituted abuse. They were clear on the procedures to follow in the event of abuse or an allegation of abuse occurring in the centre. Residents told inspectors that they felt safe in the centre and had no problems with the staff.

There were systems in place to safeguard residents' money and protect them from financial abuse. The centre had a policy that gave adequate guidance. The provider was not acting as an agent for any resident. Petty cash was held for a small number of residents and random check showed that the amounts tallied with the records maintained.

Judgement:
Compliant

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

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

Findings:
Overall, inspectors found that improvements were required in the area of risk management.

The centre had policies and procedures relating to health and safety. There was an up to date health and safety statement in place. There was an in date risk management policy in place that included all the requirements of the Regulations. There was an emergency plan in place and this considered emergencies such as flooding, loss of power or water and details such as emergency contact numbers, an identified suitable premises in the event of evacuation of residents and details for transport arrangements.

There were satisfactory procedures for the prevention and control of infection in place, however, not all staff were observed adhering to the centre's policy. For example, some staff were observed carrying dirty laundry to the laundry room instead of using the equipment provided to minimise the risk of the spread of infection. Inspectors spoke with the cleaning staff and found that they had attended training appropriate to their role and demonstrated good knowledge in relation to the centre's systems and maintained daily cleaning records.
Arrangements were in place for the recording and investigating of serious incidents involving residents. A falls committee was set up and the reason for falls in the centre analysed in an effort to identify trends. Whilst the person in charge told inspectors that they discussed incidents at staff meetings to promote learning, there was no documentary evidence of this, however, staff with whom inspectors spoke confirmed that incidents were reviewed at these times.

The person in charge conducted monthly hazard inspections to identify new hazards, however, inspectors found that these were not comprehensive and noted a number of hazards over the course of the two day inspection. For example, the upstairs accommodation had not been adequately risk assessed and inspectors found that a fire exit was partially obstructed by a bed and the break glass unit containing the key for the fire exit door was obscured by a curtain. The key held by staff to gain access from outside if required was not easily located on the day of inspection and was not clearly identifiable as it was held on a key ring with a number of similar looking keys.

Some trip hazards were noted in the outside secure garden space and in some bedrooms, beds were positioned next to uncovered radiators despite controls following a risk assessment of bedrooms advising that furniture should not be positioned next to radiators. The person in charge told inspectors that she was in consultation with an external provider to further develop the risk management process to ensure that it was more comprehensive.

Inspectors were not satisfied that all fire hazards throughout the centre had been identified and found that there was inadequate input sought from competent persons in fire safety. Inspectors observed fire doors being propped open with door wedges, bed-tables and bins and some fire doors had hooks on the walls to keep them open. Inspectors found that this posed a risk to residents in the event of a fire.

The upstairs accommodation consisted of two single bedrooms, one of which contained an exit door to an external fire escape, which both residents upstairs would use. It was found that the mobility needs of a resident residing upstairs put them at further risk should evacuation be required. This was due to the fact that the resident had been assessed as requiring an evacuation chair to use the external fire staircase should evacuation be required, however, there was no evacuation chair available and the fire exit was partially obstructed by a bed which would potentially impede a prompt exit. The person in charge took immediate action on the day and appropriate solutions were identified for these issues. The person in charge was in the process of implementing these at the end of the inspection.

Fire equipment was provided and service records indicated that it had been serviced in the last 12 months. Records showed that fire exits were checked daily for obstructions, however as discussed above, one exit was partially obstructed on the day of inspection and the external stairs leading from the upstairs area to the garden required some repair. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of a fire. Staff were trained and were able to discuss what they would do in the event of the fire alarm sounding. Whilst there was evidence that staff had received training, the documentary evidence to show details of fire drills was insufficient.
All staff were up to date with mandatory manual handling practices, however, inspectors observed staff using some outdated techniques when assisting residents to walk. This was discussed with the person in charge on the day of inspection.

**Judgement:**
Non Compliant - Moderate

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### Outcome 08: Medication Management
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Safe Care and Support

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

**Findings:**
There was a policy in place for the ordering, prescribing and administration of medicines to residents. However, the policy did not always reflect the practice in the centre. Where there were centre-specific procedures in place in relation to the ordering and transcribing of medication, these procedures were not clearly outlined in the centre's policy. Therefore there was insufficient policy guidance.

The maximum dose for PRN (as required) medications was not always recorded on the prescription, steps had been taken to rectify this prior to the completion of the inspection.

Practices regarding the storage of out of date or unwanted medication was not in line with the centre's policy nor in line with nurses' professional guidance as set out by An Bord Altranais as they were not fully segregated from in use medication and records of medication returns to the pharmacy were not logged as per the centre's policy.

Inspectors observed a medication round and found that administration practices were safe and in line with professional guidelines. Management of MDA medications (medicines that require special controls under law), was in line with professional guidelines also and complete records for the return of these medications to the pharmacy were maintained. A random check on a supply of MDA medicines tallied with records.

**Judgement:**
Non Compliant - Minor

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### 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

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

**Findings:**
A computerised record was maintained of all incidents occurring in the centre. From the evidence viewed, all notifiable incidents were notified to the Chief Inspector within the required time-frame under the Regulations. A quarterly report was provided to the Authority to notify the Chief Inspector of any incident which did not involve personal injury to a resident. Where there were no such incidents, a 'nil' return was submitted as required.

**Judgement:**
Compliant

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**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

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

**Findings:**
There was a system in place to review and monitor quality and safety of care. The person in charge had completed a range of audits such as care planning, medication, dietetics and catering. The person in charge told the inspectors that these systems were under review in consultation with an external consultant to further improve the format to ensure a more comprehensive review of quality and care. Some improvements had occurred as a result of the audits such as some areas of medication management. Resident feedback forms were completed for residents on an annual basis.

**Judgement:**
Compliant

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**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

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

**Findings:**
Residents' health care needs were met through timely access to medical services. A number of different General Practitioners (GP) were available to the residents and were seen to visit the centre over the course of the inspection. An out of hours GP on call service was available when required. Residents had access to allied health services such as speech and language therapy and dieticians. Records were maintained for referrals of same. Care that was delivered encouraged the prevention and early detection of ill health with routine blood pressure, weight and blood glucose monitoring.

Upon speaking with staff and observing their interactions with residents, it evident that they knew the residents and their needs very well. It was also evident that overall, residents' needs were met within the centre. However, there was some gaps in the documentation of the assessment process. For example, the falls assessment for a resident whom staff identified as being at high risk of falls, indicated that the resident had no risk of falls and a manual handling assessment was not completed for that resident.

Each resident had a care plan in place on the centre's computerised system and records showed that residents and/or their representative had been consulted in the care planning process. A print out of the care plan was available if any resident should so wish to have it. Inspectors met with one resident who had a part of his/her health regime in written format in his/her bedroom for ease of review. The information in the residents' care plans was very person centred and gave a good picture of the resident. However, there was inconsistencies in the way in which information was recorded. For example, it wasn't clear from reading the care plans, what the resident's identified problem was and what the goal for that specific problem was. Where a resident with a specific issue had been seen by an appropriate professional, the care plan had not always been updated to reflect the outcome of the referral. Overall, inspectors were satisfied that care plans were reviewed every three months, however, if some sections of the care plan did not require change, the date of review was not updated in these sections to confirm such a review had taken place.

Treatment was given to residents with their consent and inspectors observed staff asking for resident permission before engaging in any activity. Inspectors spoke with relatives and some gave examples of how residents right to refuse treatment was fully
respected in the centre.

There was an in date policy on restraint and a policy on behaviour that challenges to give guidance to staff. The latter outlined ways in which to identify and alleviate the underlying causes of behaviour that challenges. Where restraint was deemed necessary, an appropriate assessment was carried out and reviewed at regular intervals. Where a resident could not consent to restraint themselves, the centre’s response was in line with national policy in that consent was obtained from the medical practitioner, however, on the day of inspection, medical notes were not available to confirm that a GP had indeed been consulted. This was rectified prior to the completion of the inspection. A register of those residents requiring restraint was maintained and two hourly safety checks were recorded.

Residents had ample opportunities to engage in meaningful activities. Each resident had an activities assessment completed by the centre’s activities co-ordinator, who was in the centre Monday to Friday 10am to 4pm. Inspectors observed activities that were appropriate to the needs of the residents and observed good numbers of residents engaging in the activities on offer. Residents were provided with one to one and daily group activities and inspectors observed good involvement in a morning game of skittles and an afternoon sing song with a musician from the community. Residents were seen to be involved in watering the flower pots in the garden and told inspectors of pampering sessions that involved having their nails done and services from complementary therapists. Residents had the option to join in, observe or opt out. Daily and monthly activity schedules were displayed in the reception area and also in residents’ bedrooms.

Judgement:
Non Compliant - Minor

**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

**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 was in line with the statement of purpose. However, some ongoing issues were identified in regards to the premises.

Overall, the premises promoted dignity and wellbeing. Whilst there was evidence of ongoing maintenance in the centre, some areas required some superficial decorative
repair. There was adequate lighting and ventilation and an appropriate heating system in place in the centre. The centre was decorated in a homely manner with sufficient furnishings, fixtures and fittings. On the day of the inspection, the centre was clean and suitably decorated.

There was adequate communal accommodation, with a large sitting room with access to a secure, well maintained garden and a spacious dining room. However, private accommodation was insufficient as there was no separate visitors room. The person in charge told inspectors that the nurses office was available to residents and their families if required but agreed that more appropriate measures were required.

Overall, residents’ bedrooms allowed for manoeuvring space and provided adequate furniture and storage space. Shared rooms had privacy screening in place to ensure privacy for personal care. There were wash hand basins in all rooms and some rooms and full ensuite facilities with a toilet, shower and wash hand basin. The centre had two single bedrooms upstairs and whilst they met the requirements of the Regulations, the inspector found that they were suitable for residents who were fully independently mobile.

There was a well kept sluice room in place in the centre. However, storage was a problem as hoists were stored in bedrooms or bathroom and walking aids and wheelchairs were kept in the sitting room. There were no staff changing or storage facilities as required by the Regulations. The person in charge was aware of these issues and told inspectors of plans that were being developed to address these issues.

There was a functioning call bell and staff were observed responding to it in a timely fashion. A stair lift was in place for upstairs accommodation. Adequate arrangements were in place for the proper disposal of clinical and general waste and a contract was seen for same. Residents had access to equipment that promoted their independence and comfort. Equipment seen by inspectors was found to be fit for purpose and was properly installed, used, maintained, tested and serviced.

Judgement:
Non Compliant - Moderate

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

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

Findings:
There were policies and procedures in place for the management of complaints. The
complaints process was user friendly, accessible to all residents and displayed in a prominent location. Residents were aware of the complaints process and the complaints log demonstrated that they were supported to make complaints. A record was maintained of the outcome of the complaint and the residents' satisfaction with same. The person in charge was the person nominated to deal with complaints and a senior member of staff was appointed to ensure that all complaints were dealt with. There was a clear appeals process in place for residents who were dissatisfied with any outcomes.

**Judgement:**
Compliant

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**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

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

**Findings:**
There were written policies and protocols in place for end of life care. There were appropriate care practices in place to ensure that residents received end of life care in that that met their individual needs and wishes. End of life care needs were identified in an assessment of need. Inspectors found the information recorded to be very specific, very personal and very meaningful to the resident to whom it pertained.

Religious and cultural needs were identified and choice of priest documented. There was a mobile oratory in place and regular visits of clergymen of different denominations, specific to the needs of the residents.

Family and friends were facilitated to be with their loved one. Residents were given a choice as to their place of death where possible and records demonstrated that efforts were made to meet residents' wishes. There was access to specialist palliative care services and notes reflected consultation with these professionals.

Respect was shown for the remains of the resident through comprehensive records outlining their wishes and specific linen to be used at end of life. There was clear documentation of consultation with residents' representatives regarding the removal of the resident’s remains from the centre.

**Judgement:**
Compliant

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**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

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

Findings:
There was a policy in place for the monitoring and documenting of nutritional intake. However, although this give good guidance overall, it required some further development to ensure it gave adequate guidance. For example, the policy stated that a validated tool must be used to assess residents nutritional status but didn't identify which tool the centre used.

Three monthly nutritional assessments were completed for each resident or more frequently if the need arose. Monthly weight checks were also completed and again these were more regular if a resident was deemed to be at risk nutritionally. There was records maintained evidencing appropriate referral to dieticians and or speech and language therapy where required.

There was access to fresh drinking water at all times and staff were observed gently encouraging and prompting residents to increase their fluid intake.

Residents were offered assistance in a discreet and sensitive manner and enabled to eat and drink as necessary. The needs of residents with special dietary requirements were addressed and kitchen staff had records of residents who required diets of a modified consistency and demonstrated a good knowledge of same. The kitchen staff also had a folder containing each residents likes or dislikes.

Food served was wholesome and nutritious and residents told inspectors that they enjoyed the food very much. A large variety of home baking was on offer to residents daily as were snacks throughout the day. Residents were offered choice at mealtimes including the meal itself, drinks, gravies and sauces. The dining experience was seen to be a opportunity for social interaction and good banter and plenty of chat about the weather and hurling was observed. There was sufficient staff on duty to assist and meet the needs of the residents.

Judgement:
Compliant

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

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

**Findings:**
Inspectors found that there was evidence that residents were consulted about how the centre is planned and run. Residents meetings were held every three months and minutes maintained. Topics discussed at the meetings included food, activities, daily routine, the cleanliness of the environment and any other issues the residents wished to discuss. A suggestion box was kept at the entrance encouraging further feedback.

Residents were facilitated to exercise their civil, political and religious rights. Arrangements were in place for residents to vote in house and they could go to the local polling station if they so wished. There was weekly visits by a local catholic priest and also on request, for example to administer sacrament of the sick. Residents were visited daily by a Eucharistic Minister and a local Church of Ireland Minister visited monthly.

Facilities for recreation were adequate but as discussed earlier there were no arrangements for residents to receive visitors in private. Visiting times were unrestricted unless the visit or its timing posed a risk. Residents had access to the centre's cordless phones and many residents had their own mobile handset devices. Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

The centre was part of the local community and residents had access to radio, television and newspapers.

**Judgement:**
Compliant

**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

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

**Findings:**
There was an in date policy on residents' personal property and possessions. A record was maintained of each residents' person property and a lockable storage facility was provided in each room.

There was adequate laundry facilities in place, however, there was no system in place that facilitated a resident who may wish to do their own laundry as required by the Regulations. The person in charge told inspectors that residents would be supported to do so if they wished and told inspectors she would amend the policy accordingly.

Clothes were labelled and there was no record of issues raised in regards to problems with laundry being returned. Residents who spoke to inspectors confirmed that they had no problems in this regard.

**Judgement:**
Compliant

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**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

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents. Staffing levels took into account the statement of purpose and size and layout of the building. The person in charge told the inspectors that if the need for extra staff arose in her absence, the senior nurse deputising had the authority to make adjustments to the rota as required. There was a registered nurse on duty at all times.

Staff had access to education and training appropriate to their role and to meet the needs of residents. All carers had completed a FETAC level 5 or equivalent and had also completed additional training such as infection control, dysphagia and protection of the older adult and all were up to date with mandatory training such as people moving and handling and fire safety.

A recruitment policy was in place and overall gave good guidance but required some further development to ensure it was more centre specific in regards to the induction process for new staff. Staff confirmed that they were well supported by the person in charge and senior staff nurse. A staff appraisal system was in place and records of
Staff files contained all the information required under Schedule 2 of the Regulations, however there was no documentary evidence of verification of the authenticity of references. Volunteer files were viewed and contained evidence of Garda vetting. Volunteers were supervised appropriate to their role and a clear written agreement outlining their roles and responsibilities was in place for all volunteers.

**Judgement:**
Non Compliant - Minor

## 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 all the people who participated in the inspection.

**Report Compiled by:**

Gemma O'Flynn
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Villa Marie Nursing Home
Centre ID: ORG-0000437
Date of inspection: 17/06/2014
Date of response: 31/07/2014

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:
Whilst all policies were in place as listed in Schedule 5, some required further development to fully reflect the practice carried out in the centre. Not all policies had a review date recorded on them.

Action Required:
Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

Please state the actions you have taken or are planning to take:
All policies have review dates recorded. Relevant policies now reflect practices in areas of medication,

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**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:**
Monthly hazard inspections were not comprehensive as they did not identify all risks in the centre.
Controls in place following risk assessments were not fully implemented.
The infection control policy was not fully implemented as staff were observed carrying dirty laundry to the laundry room instead of using the equipment provided.

**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:**
(1) A formal comprehensive review of hazards will take place on a monthly basis and record kept of same
(2) All risk assessments reviewed and controls implemented where necessary
(3) Staff awareness raised regarding infection control and spot checks carried out on a regular basis by nurse on duty include on agenda for staff meetings.

**Proposed Timescale:**
(1) Complete by 31/9/2014
(2) Complete by 31/9/2014
(3) Completed 18/6/2014

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**Proposed Timescale: 30/09/2014**

**Theme:**
Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Whilst all staff had received training in moving and handling of residents, outdated techniques were seen to be used in the centre.

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

**Please state the actions you have taken or are planning to take:**
(1) All residents manual handling assessments reviewed.
(2) Staff alerted to poor techniques compliance will be monitored.
(3) Provide extra training in areas of concern.

Proposed Timescale:
(1) 25/7/14 completed
(2) 27/7/14 completed
(3) Complete by 31/10/14

**Proposed Timescale:** 31/10/2014

**Theme:**
Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Documentary evidence and records of fire drills were insufficient.

**Action Required:**
Under Regulation 32 (2) (a) you are required to: Maintain, in a safe and accessible place, a record of all fire practices which take place at the designated centre.

**Please state the actions you have taken or are planning to take:**
Comprehensive documentary evidence on file of fire training.

Completed

**Proposed Timescale:** 18/06/2014

**Theme:**
Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
One of the upstairs bedrooms was arranged in such a way that it impeded exit through the fire exit door as a bed was partially obscuring the exit and the keybox containing the key to the door was obscured by a curtain. The external fire escape required some repair.
A number of fire doors throughout the centre were propped open with door wedges or by other means, preventing them from containing a fire should it so occur.

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

**Please state the actions you have taken or are planning to take:**
(1) Bed changed so it no longer impedes exit through fire exit
(2) Fire exit door changed to thumb turn lock requiring no key  
(3) External fire escape repaired  
(4) Development plan includes phased instillation of self-closures to all appropriate doors door wedges removed.

Proposed Timescale:  
(1) Complete 18/6/14  
(2) Complete 18/6/14  
(3) Completed  
(4) Phase 1 complete 7 self-closures completed 11/7/14 Phase 2 31st January 2015

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<td><strong>Theme:</strong> Safe Care and Support</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The mobility needs of a resident in upstairs accommodation had not been adequately accounted for in the event of an evacuation and the equipment required to ensure a prompt exit was not in place.

**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:**  
Risk assessment carried out on residents using upstairs rooms. Only residents who can manage the stairs independently will be accommodated upstairs this will be reflected in the terms and conditions of the contract of care and in the statement of purpose of the centre.

Completed

| Proposed Timescale: 25/06/2014 |

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<th><strong>Outcome 08: Medication Management</strong></th>
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<td><strong>Theme:</strong> Safe Care and Support</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The storage of out of date or unwanted medication did not comply with the centre's policy or professional guidelines. A record was not maintained of all medications returned to the pharmacy as per the centre's policy.

**Action Required:**  
Under Regulation 33 (2) you are required to: Put in place suitable arrangements and
appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

Please state the actions you have taken or are planning to take:
(1) Storage of out of date or unwanted medications now in line with centres policy and professional guidelines. Completed
(2) A written record is kept of all medications returned to pharmacy. Completed

Proposed Timescale: 21/07/2014

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Whilst practices were safe, the medication management policy did not provide sufficient guidance in all areas, for example, the ordering and transcribing of medication.

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:
Medication policy has been reviewed and any identified omissions addressed. Staff made aware of review of policy
Completed

Proposed Timescale: 08/07/2014

Outcome 11: Health and Social Care Needs

Theme:
Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans did not always fully reflect a change in resident needs.

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:
Care plans have been reviewed and updated to reflect changing needs of all residents.
Audit being developed to insure compliance.

**Proposed Timescale:** 30/09/2014

**Theme:**
Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Despite good, patient centred information, residents problems and/or goals were not clearly identified within the care plans. Appropriate assessments were not completed in all instances.

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

**Please state the actions you have taken or are planning to take:**
All residents problems and goals identified and appropriate assessment carried out.

**Proposed Timescale:** 31/10/2014

**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a lack of private meeting space for residents in that there was no visitor’s room or other area available to meet friends/family privately.

**Action Required:**
Under Regulation 19 (3) (i) you are required to: Provide suitable facilities for residents to meet visitors in communal accommodation and a suitable private area which is separate from the residents own private rooms.

**Please state the actions you have taken or are planning to take:**
The above will be addressed in the new development plan. Planning application has been lodged with Tipperary County Council expected due date the end of September.

Awaiting council decision end of September 2014

**Proposed Timescale:** 30/09/2014

**Theme:**
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
There was insufficient storage facilities in the centre.

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

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

Awaiting council decision end of September 2014

**Proposed Timescale:** 30/09/2014

**Theme:**
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Whilst the centre was clean, some areas required some superficial decorative upgrade.

**Action Required:**
Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

**Please state the actions you have taken or are planning to take:**
Decorative upgrade where necessary.

**Proposed Timescale:** 30/09/2014

### Outcome 18: Suitable Staffing

**Theme:**
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The recruitment policy required further development to ensure it included all aspects of recruitment in the centre, for example, the process of induction for new staff.

**Action Required:**
Under Regulation 18 (1) you are required to: Put in place written policies and procedures relating to the recruitment, selection and vetting of staff.

**Please state the actions you have taken or are planning to take:**
Policy reviewed and updated.
Formal induction process now included in our recruitment policy

Completed
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were inadequate records to show that the authenticity of references had been verified.

**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:**
Authenticity of references to be verified on all new employees and for employees hired in the last twelve months.

Completed

**Proposed Timescale:** 24/07/2014