

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Anne's Community Nursing Unit
Centre ID:	OSV-0000632
Centre address:	Westport Road, Clifden, Galway.
Telephone number:	095 21189
Email address:	marian.hanrahan@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Catherine Cunningham
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 November 2014 11:00	05 November 2014 18:00
06 November 2014 09:00	06 November 2014 18:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
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

As part of the inspection, the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed satisfaction questionnaires submitted to the Authority by relatives and residents and these indicated a high level of satisfaction with the service provided.

Since the last inspection the management team had been working to improve health care documentation and also the provision of suitable training for staff. The provider had also been working on plans for the redevelopment of some bedrooms which did not meet legal requirements.

Evidence of good practice was found throughout the service. Residents' health care needs were well met. There was a comprehensive assessment and care planning system and residents had good access to general practitioners and healthcare services.

Residents were supported to practice their religious beliefs and had the opportunity to vote if they wished to. There was a good standard of catering and residents were offered choices at mealtimes and snacks and drinks were available at all other times. The building was warm, clean and comfortably furnished and residents had access to a safe and secure outdoor area. There were robust fire safety and risk management measures in place.

Some improvement however, was required to medication management, health care documentation, recoding of end of life assessments and bedroom accommodation. The person in charge and/or provider stated that the issues outlined would be addressed.

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 2013 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a suitable and informative statement of purpose which was in line with legal requirements. It outlined the aims, mission and ethos of the service, clearly described the service provided and was reviewed annually by the person in charge. Copies of the statement of purpose were placed in a central location where they were available to residents and visitors.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a suitable management structure in place to ensure the effective governance of the service. The provider is the Health Service Executive (HSE), represented by the general manager for the Galway and Roscommon area. The provider had delegated management responsibility to the manager of older peoples' services who worked in close liaison with the person in charge and reported to the general manager. The manager of older peoples' services held monthly accountability meetings with a group of directors of nursing which were attended by the person in charge and sometimes by the general manager. The provider came to the centre several times each year to meet with the person in charge. The person in charge confirmed that she could liaise with her

managers as required. There was a staff team consisting of a clinical nurse manager, in addition of a team consisting of nurses, multi-task attendants, catering, activity and administration staff.

The provider was present for one day of the inspection and discussed plans for improvements to the building and service. The provider also ensured adequate resources for staff training and development.

There were systems in place to ensure that the service provided was safe, appropriate to residents' needs, safe and effectively monitored. These included consultation with residents and their representatives, auditing of systems such as medication administration and health care and on-going staff training and staff meetings. There was a quality, safety and risk committee which focused on quality improvement and safety issues. The committee held quarterly meetings and issues such as use of restraint, wound care and implementation of the recommendations of the occupational therapist, speech and language therapist and physiotherapist had been discussed at recent meetings. These meetings were attended by representatives for all sections of the service such as nurses, administrators, care assistants, catering and maintenance staff.

There were no resource issues identified on this inspection that impacted on the effective delivery of care in accordance with the statement of purpose.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had ensured that information was supplied to residents. There was an informative guide for residents that included the required information. This guide, the statement of purpose, the centre's annual report and copies of HIQA inspection report were readily accessible to residents in a central area close to the day room. In addition, health care leaflets with information on areas such as back care, osteoporosis, medication safety and Alzheimer's disease were supplied.

The person in charge stated that each resident had a contract of care. The inspector viewed a sample of contracts and found that they were suitably agreed and signed. They included the required information such as the room to be occupied, fee to charged and the services included in the fee and those which required an additional payment. The person in charge had written the contracts in clear language and larger print to

make them easier for residents to read and understand.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The post of person in charge was full-time and was filled by a registered nurse with the required experience in the area of nursing of older people. The person in charge was qualified and experienced. She demonstrated good clinical knowledge and was knowledgeable regarding the Regulations, Standards and her statutory responsibilities.

The person in charge had maintained her continuous professional development and explained that she kept her knowledge up to date by sourcing and studying professional journals and publications and by attending conferences and training.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

During the inspection, the inspector reviewed a range of documents, including operational policies, directory of residents, medical and nursing records and staff recruitment documentation. The documents viewed were informative, accurate up to date and in line with legal requirements. Records were secure stored, while also being easily retrievable.

All the records viewed by the inspector were being retained for the correct time required by the Regulations and the person in charge and administrative staff were aware of this requirement.

The centre had all of the written operational policies as required by Schedule 5 of the Regulations and these were regularly reviewed by the person in charge to ensure that the changing needs of residents were met. Adequate insurance cover was in place. All information requested by the inspector was readily available.

Judgment:

Compliant

Outcome 06: 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider and person in charge were aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge. There were suitable deputising arrangements in place whereby a clinical nurse manager deputised for the person in charge in her absence.

Judgment:

Compliant

Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a comprehensive policy on detecting and reporting abuse in place based on the HSE trust in care policy.

The person in charge had taken measures to protect residents from being harmed or suffering abuse. She had arranged training in detecting and reporting elder abuse for all staff. Staff confirmed that they had received this training and those who spoke with the inspector were aware of their responsibilities, were clear on reporting procedures and were knowledgeable about recognising different types of abuse. The person in charge was clear about how she would respond to allegations of abuse.

There was a policy on, and procedures in place, for managing behaviour that is challenging. Staff had the appropriate knowledge and skills to respond to and manage behaviour that is challenging. Some improvement to the recording of challenging episodes was required and this is discussed in outcome 11.

Some residents used bed rails while in bed to promote their safety. There was a policy on, and procedures for, the use of restraint. Where restraint was used it was in line with the national policy on restraint.

There were clear and transparent systems in place to safeguard residents' money. Some residents' money was managed by administrative staff through an account and the all transactions were clearly recorded and verified. Staff did not hold residents' money for safekeeping in the centre at the time of inspection but there was a safe process for the management of money or valuables should that be required.

Judgment:

Compliant

Outcome 08: 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(s):

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

Findings:

The management team had put measures in place to protect the safety of residents, staff and visitors to the centre. There was a health and safety statement and a risk management policy. The policy outlined a range of risks in the centre and clearly covered the precautions in place to control all specified risks as required by the Regulations such as the unexplained absence of a resident, infection control and behaviour that is challenging. A staff member had the role of health and safety officer and he was suitably trained in reviewing risks, fire safety and manual handling. There was an active quality, safety and risk committee as mentioned in outcome 2.

The provider and person in charge had prioritised the safety of residents in the event of fire. Staff had received training in fire safety and evacuation and this was confirmed by staff and in the training records. A staff member with experience in fire safety organised fire evacuation drills every two months. He ensured that all staff had participated in fire

drills and continued to do so on a regular basis. Fire evacuation notices, which were displayed throughout the building, provided clear instructions on evacuating the building in the event of an emergency. At the time of inspection all fire exit doors were free from obstruction. There were up to date records which showed that equipment, including fire extinguishers, emergency lighting and fire alarms, had been recently serviced. Since the last inspection the provider had fitted all bedroom doors with an automatic closing system linked to the central fire alarm. This allowed residents the choice of keeping their bedroom doors open while maintaining their safety in the event of a fire.

There was an emergency plan which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. The emergency plan included a contingency plan for the evacuation of residents from the building in the event of an emergency.

The person in charge had arranged for all staff to receive up to date training in moving and handling and this was confirmed by training records. Manual handling assessments had been carried out for all residents. There was a supply of hoists available for which there were up to date servicing records.

Measures were in place to reduce accidents and promote residents' mobility including staff supervision, safe floor covering and handrails on corridors to promote independence. The environment was clean and there were ample supplies of hand sanitising gels for staff, residents and visitors to use.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

The processes in place for the management of medication, including those requiring strict controls, were generally safe, although improvement was required in the administration of medication. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

The inspector reviewed the administration of medication. The medication administration charts were clear and legible. They included the required information such as the dose of medication and the routes of administration. A copy of each resident's prescription, signed by the general practitioner (GP) was attached to each administration sheet and nurses administered medication from this. GPs had also signed to confirm the discontinuation of medication. There were colour photographs of residents on the

medication charts, which the nurses could check to verify identification if required. There was a nurses' signature sheet available.

However, there was insufficient evidence to confirm that residents medications were being administered as required. On some of the charts viewed there were gaps in the administration records. Nurses had not signed to confirm that the prescribed medication had been administered as required and there was no information to indicate that the medication had been withheld for a reason. Therefore it was not possible to establish whether or not residents were consistently receiving their medication as required, which presented the risk to residents' safety.

Medication was suitably and safely stored. Each resident's medications were stored in individual locked cupboards in their bedrooms. Medications requiring strict controls were appropriately stored and managed. Records indicated that they were counted and signed by two nurses at change of each shift. The inspector did a check of this medication and found the balance to be correct. Secure refrigerated storage was provided for medication that required specific temperature control and its temperature was monitored daily.

At the time of inspection none of the residents self administered their medication.

There was a system in place for reviewing and monitoring safe medication management practices. The pharmacist and the clinical nurse manager undertook medication audits together in the centre every three months and staff confirmed that the pharmacist was available for consultation or advice at any time. The pharmacist came to the centre regularly and was available to meet with residents required. The GP also came to the centre every three months to review residents' medications.

Judgment:

Non Compliant - Moderate

Outcome 10: 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(s):

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

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

The inspector reviewed the practice in relation to recording and notifications of accidents and incidents and found that it was well managed. Details of accidents and incidents were clearly recorded along with measures taken to control these risks. To date all relevant events recorded in the incident ledger had been notified to the Chief Inspector

by the person in charge. All quarterly notifications had been suitably submitted to the Chief Inspector.

Judgment:

Compliant

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. 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(s):

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

Findings:

The inspector found that the health care needs of residents were well met, although some improvement was required in the recording of episodes of behaviour that is challenging and wound care progress and recording of assessment of resuscitation status.

All residents had access to GP services and could choose to retain their own GP if they so wished. Many of the residents were from the local area and had retained their own GPs. The inspector reviewed the medical files and found that GPs reviewed all residents regularly.

Residents had access to a full range of health care services, including speech and language therapy and occupational therapy. Chiropody, optical, dietetic, dental and psychiatry services were also available. The provider supplied a physiotherapy service for residents twice each week, which was included in the fee. The physiotherapist carried out individual treatment sessions with residents. Recommendations from health care professionals were recorded in residents' files and their recommendations were incorporated into residents' care plans.

Since the last inspection staff had been working to improve the information in residents' files and this had been well addressed. The inspector viewed a sample of files of residents with a range of needs such as nutritional issues, falls risk, wound care, risk of developing pressure ulcers, behaviour that is challenging and mobility issues and found that they were completed to a high standard. The files were person centred and included personal information about the residents such as important dates and times in their lives, memories of childhood and earlier life, their families and their likes, dislikes, preferences and interests. Pre-admission and comprehensive assessments had been carried out for all residents. Staff had carried out assessments on residents' mobility, manual handling, skin integrity, risk of falls and nutritional risks and had developed care

plans to guide the delivery of care based on these assessments. The care plan interventions were being reviewed every three months or as required by the changing needs of the residents, although the clinical nurse manager stated that this was being changed to four monthly. Staff who spoke with the inspector knew the residents well and were very aware of each resident's health care requirements.

While the assessments and care plans were generally completed to a high standard there was some further improvement required in the documentation of all assessments which had been undertaken and related health care records. For example, there was no recorded evidence of an assessment, consultation or rationale available for the guidance in a file which stated that a resident was not for resuscitation. The person in charge later confirmed that this assessment had been undertaken but had been misfiled. The terminology in one nutritional care plan did not accurately reflect the recommendations of the speech and language therapist. In addition, some behavioural record charts completed following episodes of behaviour that is challenging did not clearly indicate the calming techniques that had been used in each instance.

The inspector reviewed the care of a surgical wound and found that wound care was well managed and was healing well. However, the size of the wound had not been consistently recorded at each dressing change, in narrative or photographic form, although it was recorded monthly.

Some residents used bed rails while in bed although no residents used lap belts while seated in their chairs. Risk assessments investigating the risks associated with the use of bed rails for individual residents had been undertaken and the risks to residents for the use and non-use of the bed rails were evaluated prior to their use. Consultation between nursing staff, GP and residents or relatives prior to the use of bed rails was recorded on all files.

Judgment:

Non Compliant - Moderate

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The design and layout of the building were generally in line with the Statement of Purpose, although there were some multi-occupancy rooms which did not fully meet residents' needs for privacy.

Overall, the building met the needs of residents and the design and layout promoted residents' dignity, independence and wellbeing. The centre was warm, clean, bright, well furnished and comfortable with suitable heating, lighting and ventilation, and was well maintained both internally and externally. There were a variety of seating areas where residents could spend time on their own or with visitors including a sun room, seating alcoves in the corridors, smoking room and the oratory. There was also a spacious and comfortable board room on the first floor which was available to residents and their visitors as required.

All residential accommodation was located on the ground floor. The day room was large and comfortably furnished in domestic style. There were adequate toilet, shower and bath facilities for residents. There was a variety of bedroom types ranging from single to five-bedded occupancy. Single and two-bedded accommodation met residents' needs for privacy, leisure and comfort and the bedrooms were of a good size and were well laid out. There were wash hand basins in all bedrooms. Each resident had a functioning call bell, over bed light and screening curtains to provide privacy as required. Residents were encouraged to personalise their bedrooms and many had decorated their rooms with photographs and personal possessions.

However, some bedroom accommodation did not meet the criteria of the Regulations and standards as required by July 2015. There was one four-bedded and one five-bedded room which, although well laid out and comfortable, will not meet with the occupancy requirements of the national standards. The provider, who met with the inspector, stated that plans to address this were being developed and would be submitted to the Authority in due course..

The first floor was mainly reserved for staff facilities, office accommodation and storage, although the oratory, treatment room and boardroom, which doubles as a visitors' room, were located in this area. This floor was accessible to residents by a lift.

Residents had access to a secure, well maintained garden which was accessible from the sun room beside the main day room. There was a separate, well equipped kitchen adjoining the dining room.

Judgment:

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(s):

No actions were required from the previous inspection.

Findings:

There was evidence of good complaints management. There was a complaints policy

and the complaints procedure, which outlined the name of the complaints officer and details of the appeals process, was displayed in the reception area. The person who was responsible for ensuring that all complaints were appropriately responded to was identified in the complaints policy.

The inspector viewed the complaints register and found that complaints which had been made were suitably recorded, investigated and resolved to the satisfaction of the complainants.

There was no evidence that would indicate that any resident who had made a complaint had been adversely affected by reason of the complaint having been made.

Judgment:

Compliant

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(s):

No actions were required from the previous inspection.

Findings:

Caring for a resident at end of life was regarded as an important part of the care service provided in centre.

Spiritual care for residents of all denominations could be arranged and the sacrament of the sick was available to any resident who wished to receive it.

Staff confirmed that support and advice was available from the local hospice care team and staff had received training in end of life care and end of life assessment..

Families could avail of unrestricted visiting time and were provided with food, snacks and drinks as required. There was living accommodation, consisting of a studio apartment with sleeping and cooking facilities, shower and television, available to families of residents at end of life. Residents who occupied shared rooms were given the option of moving to a single room at end of life, if one was available.

The inspector viewed a sample of residents' files and care plans and found that staff had been working on recording information on residents' end of life wishes. Records indicated that some residents and their families had not wished to discuss this topic, although others had expressed their wishes and preferences which had been recorded in their plans.

There was an end of life policy in place to guide staff.

At the time of inspection, no resident was receiving end of life care.

Judgment:

Compliant

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(s):

No actions were required from the previous inspection.

Findings:

Residents were offered a varied nutritious diet. The quality, choice and presentation of the meals were of a high standard. Residents who spoke with the inspector were very satisfied with the standard of meals and said that the food was always very good and they were offered choices. Some residents required special or modified consistency diets and these needs were generally well met. However, improvement was required to the communication of some nutritional information.

The inspector visited the kitchen and met with the chef who explained the menu planning process. There were two choices of main courses and two desert choices offered to residents each day at lunchtime. The chef visited each resident every morning and discussed meal choices with them to ascertain their preferences for lunch. There were two choices offered for the evening tea, although residents could have something else if they preferred to.

Processes were in place to ensure residents did not experience poor nutrition and hydration. The chef knew all the residents and was aware of their food likes, dislikes and preferences and their dietary requirements. Dietary information, supplied to the catering staff by nurses, was kept in the kitchen. Some residents required modified consistency diets and these were supplied. However, this information had not been clearly supplied to the catering staff. There was improvement required to the language used to describe levels of modified consistency foods required by residents. The terminology used in the documentation supplied by the speech and language therapists differed from the terminology used by catering staff to describe various food consistencies. Although the chef was clear about the preparation of required consistencies, there was the risk of food being inappropriately prepared in the event of a staffing change.

Residents on diabetic diets were offered desserts suitable for their needs and although they were not offered the same choices as other residents. The person in charge stated her immediate plans to address this. The inspector noted that residents were offered a variety of snacks throughout the day, including drinks, biscuits, cakes, fresh fruit, home made soup and yoghurt. Residents who required increased nutrition were supplied with

nutritional supplements and had their meals fortified with additional nutritious ingredients. The main meals served to residents were of good quality and residents confirmed that they were tasty and enjoyable.

Independent residents took their meals in the dining rooms, which were well furnished and comfortable, while residents who required assistance had their meals in the day room. The inspector observed the dining experience in each of these rooms, which was found to be pleasant and relaxed. There were sufficient staff present at mealtimes to support and encourage residents with dining and staff chatted with residents throughout the meals. Staff were attentive to residents and assisted them appropriately. All residents were suitably seated while dining. Residents were supplied with drinks at mealtimes and also at regular intervals throughout the day.

The inspector reviewed a sample of records and found that each resident had a nutritional assessment, using a recognised assessment tool, carried out on admission and at three-monthly intervals thereafter or more frequently if required. Residents' weights were monitored and recorded monthly. Where specific nutritional needs or assessed risks had been identified measures had been implemented to address these risks. The inspector saw that referrals had been made to dieticians and speech and language therapists whose reports and recommendations were recorded in residents' files. Management of nutritional issues is also discussed in outcome 11.

Most staff had attended training in nutrition. There was a nutrition policy to guide staff.

Judgment:

Non Compliant - Minor

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that each resident's privacy and dignity was respected. Most of the residents occupied shared bedrooms in which screening curtains were fitted around beds to provide privacy as required. Each resident had his/her own individual toiletries. The inspector observed staff interacting with residents in a courteous manner.

Residents' civil and religious rights were respected. Roman Catholicism was the only religion being practised in the centre at the time of inspection, but the person in charge explained how residents of all religious denominations would be supported to practice

their religious beliefs as required. Mass took place in the centre once each week. There was also a link to the local church by which Sunday and daily Mass could be viewed on television. The Sacrament of the Sick was administered each month or as required. Some staff were Eucharistic ministers and they administered Holy Communion to residents on Sundays. The person in charge had made arrangements for in-house voting, and stated that all residents were offered the opportunity to vote.

There was a three-monthly residents' meeting, although this meeting was mostly attended by relatives of residents on their behalf. The inspector read the minutes of some of the meetings and found that the matters discussed were taken seriously by the person in charge. Residents' opinions on the running of the centre and things that they were interested in doing were discussed more informally with the activity co-ordinator on an on-going basis. Residents had access to independent advocacy services and the person in charge was in the process of recruiting additional volunteers to participate in a training course and become advocates for the residents. Staff were aware of the different communication needs of residents whose communication needs were highlighted in care plans and reflected in practice.

The person in charge and activity coordinator promoted links with the local community. Staff sometimes brought residents out in the community. A resident told the inspector that staff had accompanied him to the Connemara Pony Show in Clifden where he met family and friends and that he had thoroughly enjoyed the day there. Residents and the activity co-ordinator always produced entries for the craft section of the Connemara Pony Show and this year won first prize. The winning entry and rosette were displayed in the centre. The Clifden arts festival also provided opportunity for interaction with the local community. This year one of the artists held an exhibition in the centre and musicians from the festival came to the centre to perform for the residents. The person in charge had arranged for a mobile retail clothing company to come to the centre and set up a shop for residents shortly after the inspection. In addition, staff strived to ensure that residents had an interesting day and arranged a range of meaningful occupation, including recreation suited to residents with dementia and cognitive impairment. There was a variety of activities available to residents each day, including light exercises, crafts, hand massage, music sessions, knitting and reminiscence. Residents had produced a range of art and craft work which was displayed in the centre. Residents had access to radio, television, newspapers and information on local events.

Residents' independence was promoted by staff. Residents were encouraged to eat their meals independently, to get up and go to bed at their preferred times and whether to participate in activities available to them.

Contact with family members was encouraged and there were several areas where residents could meet their visitors, including the dining room at times other than mealtimes, any of the communal areas or, if preferred, in the board room. There were no restrictions on visits except when requested by the resident or if the visit was assessed to constitute a risk. Residents had access to telephone, Skype and the postal service.

Judgment:
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(s):

No actions were required from the previous inspection.

Findings:

All residents had storage space for clothes and personal possessions and lockable storage space for valuables was also provided in their rooms.

There was a laundry room for washing/drying and sorting of residents clothing. The inspector found that good care was taken of residents' clothes which were labelled to ensure that they were not mislaid in the laundry process. Feedback from residents and relatives indicated that there was a good system in place for managing residents' laundry and that clothing was not mislaid.

Judgment:

Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

The inspector found that there were sufficient suitably trained staff on duty to provide care to residents and that staff had been well recruited. On the day of inspection, there was an adequate number of staff on duty throughout the day and a review of staffing rosters indicated that this was the normal staffing level. Residents' dependency levels were assessed using a validated tool and the person in charge used this to decide appropriate staffing levels. Residents' and relatives' feedback indicated that there was always enough staff on duty and that they were satisfied with the level of care provided by staff.

The inspector read a sample of staff files and found that staff had been recruited in line with the requirements of the Regulations. There was a staff recruitment policy in place.

Training records indicated that staff had attended a variety of training in addition to mandatory training and staff confirmed this to be the case. The inspector read the training plan for 2014 and found that a range of training had been provided to staff including waste management, continence promotion, nutrition, food safety management, anaphylactic first aid and care of residents with behaviours that are challenging. The physiotherapist had also provided training to staff in delivering motion exercises to residents and two staff members were scheduled to attend a physiotherapy assistant course. The person in charge had also planned for staff to attend training in dementia care.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Jackie Warren
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. Anne's Community Nursing Unit
Centre ID:	OSV-0000632
Date of inspection:	05/11/2014
Date of response:	03/12/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 09: Medication Management

Theme:

Safe care and support

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

There was insufficient evidence to confirm that residents medications were being administered as required. On some of the charts nurses had not signed to confirm that the prescribed medication had been administered as required and there was no information to indicate that the medication had been withheld.

Action Required:

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

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

1. Nurses will ensure that refusals of medicines, withholding a medicine and/or food supplements and its reason(s) are appropriately documented and signed-off on the individual resident's medicine prescription chart.
2. We have begun to include a medication audit in each resident's monthly evaluation of the care plan to gain an overview of medicines refused, withheld for medical reason(s), or unavailable in order to minimise future medication errors.

Proposed Timescale: 1. 17/11/14
2. 30/12/14

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:

The documentation of all assessments which had been undertaken and related health care records required some improvement. There was no recorded evidence of an assessment, consultation or rationale for the guidance in a file which stated that a resident was not for resuscitation.

The terminology in one nutritional care plan did not accurately reflect the recommendations of the speech and language therapist.

The size of a wound had not been consistently recorded at each dressing change to assess the healing process.

Some behavioural record charts completed following episodes of behaviour that is challenging did not clearly indicate the calming techniques that had been used in each instance.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

1. A signing sheet for signatures of resident/family and MDT members with outline of discussion was developed for future use. This signing sheet will be stored in the front of each resident's care notes where appropriate where it is accessible to resident and/or next of kin and staff.
2. We audited all care plans on the use of the SALT terminology. Any discrepancies were corrected.
3. A wound photograph is taken weekly as it can be difficult to see on change on a daily

basis. A judgement of the wound is included in the wound care plan. It is mentioned in the daily narrative notes if there is a significant change of the wound. In this case the frequency of the wound dressing is weekly instead of three times a week.

4. We checked the ABC charts: Consequences of the behaviour were not routinely recorded on the ABC chart and are now included in the resident's care plan. This will be continued going forward.

Proposed Timescale: 1. 17/11/14
2. 07/11/14
3. 07/11/14
4. 15/12/14

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:

One four-bedded and one five-bedded room did not meet the criteria of the Regulations and standards as required by July 2015.

Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

An architect has been commissioned to visit St. Anne's before year end to draft a plan of action. We will submit plan to HIQA by the end of January 2015.

Proposed Timescale: 31/01/2015

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Information regarding modified consistency diets had not been clearly supplied to the catering staff. The terminology used in the documentation supplied by the speech and language therapists differed from the terminology used by catering staff to describe various food consistencies.

Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

Terminology used by SALT and Chef are now similar.

Proposed Timescale: 07/11/2014