<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Mary’s Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000103</td>
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<tr>
<td>Centre address:</td>
<td>Pembroke Park, Ballsbridge,</td>
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<tr>
<td></td>
<td>Dublin 4.</td>
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<tr>
<td>Telephone number:</td>
<td>01 668 3550</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:stmarypembroke@eircom.net">stmarypembroke@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health</td>
</tr>
<tr>
<td></td>
<td>(Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>St. Mary’s Home Pembroke</td>
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<tr>
<td></td>
<td>Park Association, on behalf</td>
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<td></td>
<td>of the Community of St. John</td>
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<tr>
<td></td>
<td>the Evangelist</td>
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<tr>
<td>Provider Nominee:</td>
<td>Hilary Prentice</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Helen Lindsey</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Liam Strahan</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on</td>
<td>29</td>
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<tr>
<td>the date of inspection:</td>
<td></td>
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<tr>
<td>Number of vacancies on</td>
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<tr>
<td>the date of inspection:</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make 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.
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: 28 January 2015 09:30 28 January 2015 18:30
From: 29 January 2015 09:00 29 January 2015 12:30

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

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<td>Outcome 07: Safeguarding and Safety</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 10: Notification of Incidents</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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<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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Summary of findings from this inspection
The inspectors found that the provider mostly met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 20013 and the National Quality Standards for Residential Care Settings for Older People in Ireland however improvements were needed. Swift action was needed to improve recruitment practices.

The centre is run by a charity, St Mary's Home Pembroke Park Association, an incorporated body under the Charities Act, made up of four trustees, one of whom is the Provider Nominee. There is also a management committee in place, two of whom are trustees. The person in charge has been in their role for a number of years, and
improvements have been seen in care practice since that last monitoring inspection in 2012.

The inspectors observed practices, reviewed documentation such as care plans, medical records, policies and procedures, and spoke with residents and relatives. Residents and relatives were positive about the service being provided, and felt the staff were effective at providing the care and support they needed. They were also positive about the food provided by the service.

There were good systems in place around risk management in the centre, and on-going maintenance of the premises was provided to ensure the premises were safe and met the needs of the residents. Residents were seen to be receiving a good quality of health and social care from staff, and had access to a range of other health professionals if needed. For example their general practitioner (GP) or dietician.

Some improvements were needed in decoration in some parts of the centre, and the governance and management systems in place. The contract and resident’s guide also needed further information to meet the requirements of the regulations.

An area of major non compliance was identified in relation to the documentation held around the recruitment of staff and volunteers. There were serious gaps in the information available including garda vetting, proof of identify and references. The provider nominee was asked by the inspectors to provide information within three working days of the inspection. This was to set out an action plan to bring the centre in to compliance in relation to the staff records held for staff, and this was received.

These areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

| Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 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: |
Inspectors found that the Statement of Purpose met the requirements of the regulations. |
The Statement of Purpose reflected the centre’s aims, ethos and facilities. It described
the care needs that the centre is designed to meet, as well as how those needs would
be met. The admission criteria were outlined and were seen to be implemented in
practice. The Statement of Purpose also outlined requirements such as staff, visiting
arrangements, well being and safety and the complaints procedure.

The Provider and Person in Charge were aware of the need to keep this document up to
date.

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 clearly defined management structure that identified the lines of
accountability. However the systems in place to assure the provider nominee and the
trustees of quality in the service were not effective in all areas.

The person in charge was found to be knowledgeable about the standards and
regulations, and were able to explain to inspectors the improvements made in the
service since the last monitoring inspection in 2012.

There were formal systems in place in the centre to ensure that the service provided
was safe, and met the needs of the residents. For example there were monthly
management meetings, and minutes seen by inspectors showed that they covered
issues in relation to the residents, staffing and the premises.

The risk register was being used to monitor areas that needed to be addressed, and had
been reviewed and updated prior to the inspection. Inspectors read meeting minutes
that showed it was being monitored during the management meetings. Records of the
previous versions of the register showed the work that had been completed in assessing
and reducing identified risks.

As well as the person in charge there was a clinical nurse manager who supported them
in their role, and completed a range of audits of practice in the centre. Inspectors
reviewed a number of audits that had been undertaken of areas such as medication, care planning, restraint and pressure relieving devices.

The person in charge and the clinical nurse manager also reported monthly on quality indicators, such as number of residents with pressure sores, number of bed rails in use and number of residents taking psychotropic medication. The audits and quality indicators supported the management team to ensure the service was being run in line with the operational policies, and also identify areas for improvement.

There was a separate administrative manager that took a lead for recruitment, finances and managing documentation in the centre.

The provider nominee reported that the four trustees each took a lead in an area, and fed the information back to the trustee meetings. Key decisions on the overall running of the centre would be made in that meeting, and the person in charge was invited to attend to deliver reports and updates. Records showed that trustee meetings, management meetings and staff meetings took place on a regular basis.

It was noted a number of improvements had been made since the last inspection. However, it was noted that little progress had been made in achieving compliance with one regulation (explained in outcome 18), and therefore they systems used by the Trustee meetings were not effective enough to assure themselves of compliance with all the regulations and support them to take action where deficits were identified.

The person in charge explained that the residents had said they did not want to set up a formal residents committee, but did complete feedback forms and speak to staff about their views on the service. The activities co-ordinators were also speaking to residents about the service and any improvements that residents could identify, and were able to feed this back to the provider. This was proving effective and had raised issues such as residents having snacks in their rooms, rather than having to ask staff for them.

**Judgment:**
Non Compliant - Moderate

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**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:**
There was a Residents' Guide available for residents, and residents had a written
contract in place. However, both needed to be reviewed and have information added to them in order to meet the requirements of the regulations.

Contracts were provided to residents (or their next of kin) upon admission. These listed the services to be provided for residents, but not the fees to be charged for those services.

Additionally the contracts viewed did not specify any additional fees that would be encountered by residents. For example the contract suggested residents had to pay for laundry, but this was not explained in relation to the fees.

Inspectors were informed that the Residents Guide was given to all residents at the time of admission. This guide needed to include the terms and conditions of residency, procedures for making complaints and arrangements for visits in order to meet the regulations. The guide did cover information on the services and facilities at the centre.

**Judgment:**
Non Compliant - Moderate

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**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 centre was managed by a suitable qualified and experienced person with authority and accountability for the provision of the service.

The person in charge was a registered nurse, met the experience criteria set out in the Regulations and was employed in a fulltime capacity.

Through the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents, and monitoring this through a range of audits. They were seen to have good clinical knowledge of both residents and their responsibilities under legislation.

Residents were able to identify the person in charge and spoke well of her.

**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:**
Inspectors found that there were systems in place to maintain complete and accurate records, with the exception of acceptable records relating to recruitment of staff.

Inspectors reviewed the documentation to be kept at the centre, as outlined in the regulations, and found them to be available with the exception of recruitment documentation. The detail of this is set out under outcome 18.

Inspectors observed the provider had all of the written operational policies as required by Schedule 5 of the Regulations and in sufficient detail as to guide staff. There were systems in place to update policies and procedures to ensure resident’s needs were being met.

Inspectors found that resident’s records were up to date and accurate, as required by schedule 3. For example care plans for each resident were reviewed and updated every 4 months, or as their needs changed. There was a policy outlining the duration to which these records would be retained, and security of resident records, and the arrangements for residents to access them. Residents fed back that they were shown copies of their care plans and asked to comment.

Inspectors examined the directory of residents. The information recorded in the directory fulfilled the requirements of the regulations.

The centre was adequately insured against injury to residents and loss/damage to resident’s property.

**Judgment:**
Non Compliant - Major
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 person in charge had not been absent from the centre for a period of time that required notification to the Chief Inspector, but they were aware of the need to do so if they were to be absent from post for 28 days or more.

The provider had appropriate contingency plans in place to manage any such 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 were measures in place to protect residents from being harmed or suffering abuse, and to promote resident’s safety, however the recruitment policy was not followed in practice.

There was a policy and measures in place for the prevention, detection and response to abuse. Staff received training in this, were knowledgeable of what abuse is and how to appropriately respond if needed.

The person in charge monitored the systems to protect residents, for example staff training and identification of residents need. She worked with residents and staff to
ensure that there were no barriers to residents disclosing abuse and ensured any investigation followed policy. Examples were seen where investigations had been conducted that followed the policy, and safeguarded the resident.

However recruitment practice was not in line with the centre policy, and as explained in outcome 18 key documents to assist in the decision about recruiting appropriate staff were not in place, for example the garda vetting and full employment history.

Residents reported in the questionnaire they completed that they felt safe, and would speak to the manager if they had any concerns.

There were systems in place for recording money that the centre held on behalf of residents. These records were updated monthly on the basis of a cashbook and bank statements. Resident’s client accounts were comprehensive, but were complicated to understand and would benefit from simplification. Cash transactions undertaken on resident’s behalf were recorded with two signatures and receipts. Inspectors counted a sample of balances and found that resident’s actual cash balances matched expected balances.

There were also policies in place about managing behaviour that challenges, and restraint. All of the policies gave clear instruction to guide staff practice. A number of the staff had also undertaken training in how to support residents who are responding to anxieties or physical experiences (challenging behaviour).

In the care plans inspectors saw that efforts were made to identify and alleviate the under lying causes of challenging behaviour, in a person centred manner. As set out in outcome 11 more detail was needed to ensure staff knew the needs of the resident’s and how to meet them.

Inspectors observed that the centre promoted a restraint-free environment in both policy and practice. Any restraints used, such as bedrails, were approved by the multi-disciplinary team and reviewed on a regular basis. The risk assessments for residents using restraints set out the alternatives that had been tried, where appropriate. For example using low beds, and soft mats rather than bed rails.

The restraint register gave a clear record of where items such as bed rails were being used, and nurses explained the practice of regular checking where they were being used. Records of this were seen on the care planning system.

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):
No actions were required from the previous inspection.

Findings:
Procedures were in place to promote the health and safety of residents, staff and visitors, and there were systems in place to identify and manage risk.

There was a health and safety statement for the centre which covered the health and safety of residents, staff and visitors. There were also a range of policies that covered health and safety issues. Staff spoken with knew where they could access the policies.

There was a risk management policy in place. It covered hazard identification and assessment of risk. There was a detailed risk register in place, which was the tool used for monitoring and responding to any risks identified. It included topics such as clinical and health and safety risks. Issues such as access to the building were included. There were measures in place to mitigate all of the risks identified. The document was seen to record potential hazards, risk, existing controls, and current risk.

There was an infection control policy in place, and inspectors observed this was being followed in practice. Hand sanitizer, gloves and aprons were available through the centre. Staff spoken with, including laundry staff, were aware of their role in managing the risks of infection.

Records showed that there was a system for recording accidents and incidents, and a follow up procedure that looked at the incident and considered if any changes were needed to stop it happening again.

On the day of the inspection the premises were seen to be clear of hazards, corridors were clear, and the house was maintained. There was a maintenance plan in place, and this was updated on a regular basis. It included short term and long term pieces of work, for example replacing lighting, and redecorating the top floor of the centre.

There were records to indicate that staff had attended training in moving and handling and good practices were observed during the inspection. A range of hoists and slings were available in the centre to meet individual’s needs. Residents had plans in place that clearly set out how many staff were needed to support resident in a range of movements, for example out of a chair, or in to bed.

There was an emergency plan in place, that described the support arrangements in place for the centre should there be an emergency, including fire.

Inspectors observed that fire equipment was provided throughout the centre. There was a fire alarm system in operation. Records reviewed confirmed that these were serviced on an annual basis and kept in good working order.

Fire exits were seen to be unobstructed and evacuation procedures were displayed within the centre. Each resident also had their own individual evacuation plan.
Records demonstrated that staff were trained in responding to fires, that this training was kept up to date and that staff were regularly involved in fire drills. Drills were reviewed for learning outcomes and staff were knowledgeable about fire response.

**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):
No actions were required from the previous inspection.

#### Findings:
Each resident was protected by the centre’s policy and procedure for medication management

Inspectors found there was a comprehensive medication management policy in place to guide practice. It gave clear guidance to nursing staff on areas such as ordering, transcribing, prescribing, administration of medicines ‘as required’ (PRN) medication, refusal and withholding medications, disposal of un-used and out of date medications and medication errors.

There was a policy on self-administration of medication and residents had a locked cabinet in their room should they wish to manage their own medications. On the day of inspection there was no resident self medicating.

Medications that required strict control measures (MDAs) were managed in line with professional guidelines. Inspectors saw the stock balance was checked and signed at the change of each shift, and the stock balances were seen to be correct.

Inspectors observed the nursing staff administering medication, and found they were following the guidelines issued by An Bord Altranaí agus Cnámhseachais na hÉireann, and in line with the policy at the centre. When administering medication nurses were seen to wear a red bib advising they should not be disturbed. Where medication needed to be signed by two nurses as administered, the arrangement were in place to ensure this happened, and records showed two signatories in each case.

There was recorded evidence that residents were seen regularly by their general practitioner (GP), and medication reviewed. Examples were seen where medication was altered or discontinued as needed.

Records of medication errors were seen, and the action taken in response to each.
Where staff made more than one error they were expected to repeat a training course in administration.

The person in charge and clinical nurse manager were conducting audits of medication administration. For each audit there was an action plan to address any areas for improvement, and a person allocated to be responsible to take the action.

The centre had a pharmacist who worked closely with the person in charge to meet the medication needs in relation to the centre.

**Judgment:**
Compliant

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**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):**

No actions were required from the previous inspection.

**Findings:**

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

Inspectors reviewed the records in the centre and they showed that incidents and accidents had been notified to the Authority in line with the regulations.

A quarterly report had been provided to notify of incidents that did not involve an injury to residents. This was submitted on time.

**Judgment:**
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. 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
**Findings:**
Residents wellbeing and welfare was maintained to a good standard, with their assessed needs set out in individual care plans that described their needs and interests. However, some of the care plans for residents did not have sufficient information to guide the practice of staff.

There was a policy in place that set out how resident’s needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice. All residents had a care plan that was developed on admission, and this was added to as the staff got to know the resident and their health and social care needs.

Records showed that where medical treatment was identified as being needed it was provided. They showed that residents had timely access to GP services, and referrals had been made to other services as required. For example tissue viability nurse, occupational therapist and a dietician. Residents also had access to a physiotherapist, dentist, optician and podiatrist as required.

Staff were seen to know the residents well, and were able to respond if there was a change in their needs, for example by increasing the level of supervision they needed, or calling for a medical review. For example the GP called and treatment such as antibiotics commenced.

Resident’s needs were set out in nursing care plans that explained the care to be provided to meet the need, for example around care of skin in relation to risk of pressure areas.

However, some examples were seen where the information was not clear enough to know the exact needs of the resident were, and how those needs were to be met. For example where residents became anxious and needed support from staff. It was noted however that the staff were able to describe the care and support that would be provided and did so consistently.

The care plans included information on the residents likes and dislikes, and the way they preferred to spend their time. For example some enjoyed going out with relative, others enjoyed reading in their room, or playing cards in the lounge with others. This showed evidence of some of the residents being involved in their care plans. Staff also explained how they complete information about residents history and important events in their lives with the resident, or with their family if they are not able to do so themselves.

There was evidence that the care plans were being reviewed and updated every four months, or as needs changed. A range of evidence based tools were seen to be in use, to support nursing staff in identifying any changes in areas such as cognition, nutrition and hydration, and skin care.

Staff reported that they completed care plans and risk assessments where residents were at risk of falling, and were aware of the need to observe these residents when they
were moving around the centre. Examples were seen of these during the inspection. Incident forms were completed where residents had fallen, and a review of the information about where and when falls were occurred to identify if there were any changes that could be made to reduce the risks. Action plans were set out allocating roles to people, for example to review footwear and trip hazards in the resident’s room.

There were also assessments and risk assessments in place around the care of skin and reducing the risk of pressure sores, equipment such as pressure relieving mattresses and cushions were also seen to be available. At the time of the inspection no one had any pressure sores/ulcers, and clear treatment plans were in place for those with skin conditions, or high risk factors.

Residents spoke with during the inspection said they were aware of making healthy choices such as keeping active, and also eating a good balanced diet. One resident explained how staff had supported them to lose some weight by switching to health snacks.

Inspectors saw that residents were able to make choices about the care and treatment they received. Some had recorded their wishes around end of life care, and any discussions around ‘do not resuscitate’ requests had been signed by the general practitioner (GP) and agreed with family members.

Judgment:
Substantially Compliant

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):
No actions were required from the previous inspection.

Findings:
The location, design and layout of the centre was suitable for its stated purpose and met the needs of residents both individually and collectively. It was seen to be comfortable and homely. However, some areas needed to be re-decorated.

There was adequate communal and private accommodation, which met the needs of residents and the centre was furnished in a comfortable and homely manner. Residents commented that they liked meeting in the larger lounge, and others enjoyed the quiet of the smaller lounge.
Inspectors identified some areas of decoration needed to be addressed, including the 2nd floor corridor. It was noted that decoration and maintenance had been included in a schedule of works.

Inspectors observed that the premises were suitably heated, ventilated and kept to a good level of cleanliness.

With the exception of one bedroom which was a double, all bedrooms were single. Non had an en suite.

The ground floor contained a reading room, a sitting room, a sun room, a waiting room and a dining room as well as several bedrooms. The first and second floor had bedrooms, bathrooms and toilets. The first and second floor had a nurse’s office.

The number of toilets, baths and showers provided just met with the minimum standards. There were located at the ends of the bedroom corridors on each floor, and across from the sitting room. Future plans in relation to the centre were discussed with the provider nominee and person in charge around resident’s needs in relation to the premises and the need to consider this provision in relation to the changing needs of the residents in the future.

Residents were seen to be mobilising to the bathrooms and toilets, and no one commented that the number or locations of the bathrooms were an issue to them. Commodes were available to residents as needed, but this appeared to be limited to their assessed needs. There were also continence assessments in place for residents, and appropriate support provided where necessary, including prompting. Staff were available on each of the floors in the centre at all times, and could provide assistance if need.

The grounds were well maintained, secure and accessible to residents. The residents and staff reported that the garden was used for a range of activities in the summer months including a summer fair.

Some residents agreed for inspectors to access their rooms. It was observed that bedrooms were personalised, had adequate space and each contained suitable furnishings to meet the needs of residents, including storage needs.

Each bedroom had a wash-hand basin that supplied hot water. Inspectors observed that in sinks tested, the water temperature was appropriately controlled.

Shared rooms were seen to contain adequate screening to meet the privacy and dignity needs of residents. Each resident had an accessible call-bell.

Inspectors observed that residents had access to appropriate assistive equipment to promote their independence and comfort. There was adequate storage space for this equipment. Service records for hoists, beds and other assistive equipment showed that they were serviced and maintained in good working order. Bedrooms had enough space for the free movement of hoists, when needed. Handrails were also seen to be readily
accessible to residents.

There was a lift available for movement between floors, and a chair lift allowed access to the chapel. Both of these lifts were serviced regularly and kept in working order.

The kitchen was seen to be clean and had adequate facilities to meet the needs of residents. The kitchen was well stocked, with a variety of healthy foods.

Each floor had a sluice room, one of which was fully equipped with a bed pan washer.

The laundry was clean and had adequate space to segregate clean and soiled clothes. Clothing items were clearly marked with the name of the resident. The staff member in the laundry was knowledgeable about the systems in place to segregate laundry and prevent the spread of infection.

**Judgment:**
Substantially Compliant

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### 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 a complaints procedure in place that explained how to make a complaint, and included an independent appeals process.

Inspectors reviewed the complaint’s policy and found it to be comprehensive, and met the requirements of the regulations. As well as naming people in the centre to deal with complaints it also contained an independent appeals process, including the name of who to contact.

Records of complaints we reviewed, and recorded the information received, the action taken and the outcome. They also recorded if the person was satisfied with the outcome. There were a small number of complaints made, and they had been received as verbal feedback.

The policy was on display at the entrance the centre. Relatives and residents who spoke with inspectors, and provided feedback in the questionnaire said they knew the procedure if they wished to make a complaint.

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

Findings:
Inspectors found that there were policies and procedures in place to ensure residents would receive a good standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes for the resident.

The policy on end of life provided helpful guidance to staff. It covered care of the dying, and care to be given following death. It covered practice for a range of different faiths.

Inspectors saw end of life plans in the care plan for residents. Any wishes around resuscitation were recorded, and signed by the general practitioner where appropriate, and notes showed families had been involved in the decisions with their relatives.

At the time of the inspection no residents were receiving end of life care. Staff reported that palliative care services were available for those who needed them, and had been effective when used in the past.

The provider confirmed that relatives were welcome to stay with their resident, and food and drink would be offered to them.
Residents’ cultural and religious needs were supported. There was a chapel in the centre, and Church of Ireland services were read regularly.

The chapel could be used for funeral services if it was the residents wish.

Staff were seen to be respectful in the care they offered. When asked about supporting people at end of line they spoke about the importance of meeting their changing needs and keeping them comfortable.

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

Findings:
Residents were provided with food and drink in sufficient quantities to meet their needs.

There was a nutrition policy in place that covered the importance of nutrition and hydration. It also covered the process to follow if residents lost or gained weight, and when to make a referral to a GP or other professional.

Inspectors found that there were systems in place to monitor that residents were receiving good nutrition and hydration. For example, residents' weight, special diets, advice from dieticians and speech and language therapists, and a screening tool to identify the risk of malnutrition.

Where residents were on a modified diet, evidence was seen that the professional advice was followed and care staff and kitchen staff were familiar with who should have which diet. Records in the kitchen were seen to match those in the resident’s notes.

Residents were seen to get the meals they are assessed for, for example a modified consistency to help with swallowing.
Where assistance was needed it was seen to be provided discreetly and respectfully by staff who sat next to the person they were supporting and went at the preferred pace of the resident.

Inspectors observed breakfast and lunch and tea being served, and found that the dining experience was a pleasant one. It was not rushed and was seen to be a social occasion. Some residents had their meal in the dining room, others in their rooms. Tables were laid out with cutlery, napkins, and condiments, and those taking their meals on trays also had the same. Residents were seen to enjoy a choice of meal at each sitting. There was also a range of drinks available with their meal, including tea, water, and juices.

Residents spoken with said they enjoyed the meals that were served, and that there had been improvements recently. They commented that the meals provided a good range of fresh vegetables, and also that there were nice deserts and cakes available cooked by the chef.
Inspectors noted that all meals were well presented and residents gave positive feedback about the meals, and the choice offered.

Inspectors saw residents being offered a variety of drinks and snacks throughout the day and fresh water was available at all times.

There were no facilities for residents to prepare their own meals, but everyone spoken to felt if they wanted something they would just ask. They could use the kitchenettes on each floor, but usually staff prepared drinks and snacks for them.

Inspectors met with the chef who was knowledgeable about the assessed needs of the residents, and their likes and dislikes. Food was cooked from fresh, and this included baking a range of deserts and celebration cakes.

A four week menu was being followed and this had been seen by the dietician, and recommendations they made had been implemented, for example less fried food. The kitchen was well maintained, and storage was sufficient for the needs of the centre. Inspectors read reports from the authority responsible for food safety, and saw action plans to address the areas that needed to be addressed. Evidence was seen in the kitchen that many of the actions had been completed.

**Judgment:**
Compliant

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**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:**
Inspectors were satisfied that residents were consulted on the organisation of the centre, and that their privacy and dignity was respected.

The provider explained that the residents did not want to set up a residents committee but were happy to give feedback on the provision of the centre when asked. Some previous surveys were seen that asked the residents to give their feedback on, and comments were mostly positive. Residents had commented on the recent improvement of the quality of meals.
The activity staff also spoke to residents on an individual basis about the service and range of opportunities and were able to feed back to the person in charge if residents had suggestions for improvements.

An advocate visited the centre on a weekly basis, and met with a range of the service users. They were also able to follow up if residents had raised any concerns, to ensure they were satisfied with the response they received. Inspectors met with the advocate who confirmed they spoke with residents about a range of topics, and could feed back to the person in charge if needed.

Residents confirmed that their religious and civil rights were supported. Religious ceremonies were celebrated in the chapel, and local ministers attended to meet with the residents, including the nuns who lived in the centre.

The person in charge / provider told inspectors that residents were supported to exercise their political rights in past elections and referendums. Volunteers and staff were able to take residents by car to the local polling station.

Inspectors found that residents were able to exercise personal autonomy and choice. Residents told inspectors they were free to plan their own day, to join in an activity or to spend quiet time in their room, or spend time in the communal areas in the centre.

Inspectors found that residents’ privacy and dignity was respected and promoted. For example, staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter, speaking politely and referring to residents by their chosen name.

Most residents had single rooms at the time of the inspection. The two people sharing a room had adequate screening to safeguard their privacy.

Residents could meet with family and friends in private, and at times that suited them.

**Judgment:**
Compliant

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**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:**
Inspectors found that adequate provision had been made for the management of residents personal possessions.

There was a policy in place covering resident’s possessions which set out a process for recording resident’s belongings, and also the arrangements for storing of valuables.

Inspectors noted that there was sufficient storage space in the bedrooms for residents which included a wardrobe and a bedside locker, and a set of drawers with lockable drawer. Residents had personalised their rooms with pictures and ornaments. Some residents had also brought items of furniture with them.

Inspectors saw records of the resident’s possessions including any furniture, clothing and other belongings were brought in to the centre.

There was a laundry service available, and residents provided positive feedback about the care of their clothes. There were washing facilities that were able to manage with delicate laundry, and also wash at high temperatures where infection control measures were needed.

Some residents chose to make arrangements with family to do their laundry for them, it was their choice.

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):**
No actions were required from the previous inspection.

**Findings:**
While there were some areas where this outcome met the requirements of the regulations, inspectors found other areas of concern. These concerns focused around the contents of staff and volunteer files.

Inspectors reviewed staff rosters and found that at there was sufficient numbers of staff, with the right skill mix, on duty at all times. There was a nurse on duty at all
times. Staffing levels accounted for the provision of services outlined in the Statement of Purpose, as well as the layout and design of the building. The roster reflected both planned and actual practice.

Inspectors found however that the procedures around recruitment did not meet the requirements of the regulations. In practice the documentation required by Schedule 2 of the regulations was not being held by the centre for a number of staff members. Documents not being held included, evidence of identity, Garda Vetting, full employment histories and references. The action for this is made under Outcome 5.

Practice also failed to meet the requirements of Regulation 30 as no files were held on volunteers.

The provider was asked to take action on this within three days of the inspection, and they provided an action plan of the steps they were taking to address the breach of the regulations. It was noted that this issue had been raised on previous inspections.

Staff training and development enabled staff to provide up-to-date, evidence-based care. Staff were aware of policies and practices to protect the general welfare of residents.

Records showed staff received regular supervision in the centre, which the person in charge and clinical nurse manager considered it to improve practice and accountability. There was also a system of audits, appraisals and day-to-day supervision that supported the staff team to have the skills needed to meet the needs of the residents.

**Judgment:**
Non Compliant - Major

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**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:**

Helen Lindsey
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: St Mary's Home
Centre ID: OSV-0000103
Date of inspection: 28/01/2015
Date of response: 24/02/2015

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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The management systems were not effective to ensure that the service provided was safe in recruitment practices.

Action Required:
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Plan in place to amend staff files in accordance with recruitment and governance policies and in accordance with Regulation 23 (c).

- An immediate review of staff files took place.
- Completion of 20 Garda Vetting forms is complete. Submitted to Nursing Homes Ireland.
- Completion of Declaration by Staff confirming they have completed Garda Vetting forms and have no convictions is now retained on individual staff files. Complete.
- Completion of Curriculum Vitae in progress
- Evidence of identification in progress
- Completion of medical declaration forms in progress
- Written references x2 in progress
- Garda Vetting forms for Volunteers is complete and have been sent to Nursing Homes Ireland
- Staff Recruitment policy reviewed to ensure future compliance
- Plan to engage an external agency to carry out audit and report directly to the Trustees. First external audit is planned for September 2015.

Proposed Timescale: 27/02/2015

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<tr>
<th>Outcome 03: Information for residents</th>
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<td><strong>Theme:</strong> Governance, Leadership and Management</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The resident's guide did not include:

- arrangements for visits
- procedure for complaints
- terms and conditions relating to residence

**Action Required:**
Under Regulation 20(2)(a) you are required to: Prepare a guide in respect of the designated centre which includes a summary of the services and facilities in the centre.

Please state the actions you have taken or are planning to take:
The Resident’s Guide (Resident’s Handbook) now contains terms and conditions of residency, the complaints procedure and visiting arrangements.

**Proposed Timescale:** Complete

| **Theme:** Governance, Leadership and Management |
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The contracts did not set out the fees to be charged for the service provided.

Action Required:
Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

Please state the actions you have taken or are planning to take:
• Fees will be itemised in the residents’ contracts of care.
• This itemised list will include laundry charges.
• Additional fees charged are €65 per month to cover Individualised Activities, Occupational Therapy and Physiotherapy.
• This €65 charge will be clearly outlined in the residents’ contract.
• In the case of a resident not receiving any of the particular services referred to above, no charge will be applied to the resident within the relevant monthly billing period.

Proposed Timescale: Immediate

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The records set out under schedule 2 were not in place for a number of staff.

Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
• Garda Vetting forms have been completed and are currently being processed by nursing homes Ireland.
• Self-declarations by staff confirming they have completed Garda Vetting forms and asserting that they have no convictions have been completed and are now included in their staff files.
• CV collecting is in progress.
• Evidence of identification (ID) is being processed.
• Medical declaration forms - in progress.
• Written references x 2 – in progress.
• Garda vetting forms for volunteers - Action complete
• Plan to engage an external agency to carry out audit, see above in outcome 2.

Proposed Timescale: 27/02/2015
### 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:
Not all care plans provided sufficient information to guide staff practice.

**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:**
- Resident care plans for (a) responsive behaviours and (b) resident needs, have been reviewed.
- Nurses have addressed the issue of providing more clarity in relation to the stated needs of the residents and the definitive action required to meet these stipulated needs. For example more description is provided re the use of prn medications in relation to responsive behaviours.
- Indications for prn medications is now included on the kardex.

**Proposed Timescale:** Action complete

### 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:
Not all areas of the designated centre were suitably decorated.

**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:**
Plans are in place to re-decorate the interior of the building. Second floor corridor is to be painted.

**Proposed Timescale:** 06/03/2015