## Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Augustine’s Community Nursing Unit</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000649</td>
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<tr>
<td>Centre address:</td>
<td>Cathedral Road, Ballina, Mayo.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>096 22662</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:michael.fahey@hse.ie">michael.fahey@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
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<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Provider Nominee:</td>
<td>Michael Fahey</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ann-Marie O’Neill</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>34</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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

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<tr>
<td>17 February 2015 09:50</td>
<td>17 February 2015 20:10</td>
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<tr>
<td>18 February 2015 09:10</td>
<td>18 February 2015 14:20</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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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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Summary of findings from this inspection

As part of the inspection, the inspector met with residents, the person in charge, provider and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, the inspector was satisfied that residents were receiving a quality service. There was evidence of a substantial level of compliance, in a range of areas, 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.
The centre was managed by a suitably qualified and experienced nurse who was accountable and responsible for providing a high standard of care to residents. The health needs of residents were met to a good standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. She had introduced a detailed auditing system to ensure key quality indicators of care were reviewed regularly to identify where clinical practices may need review. For example, she had introduced an audit of residents care plans, which had resulted in bringing about a good standard of care plan maintenance.

Residents and day care attending residents complimented the food, the activities and the staff that worked in the centre. Care and supervision during mealtimes was dignified and sensitive to residents needs. Questionnaires completed by residents and their families/representatives were positive and complimented the care and welfare residents received in the centre. A family member also spoke with the inspector and relayed how satisfied she was with the care her sibling received in the centre.

The provider had commenced a refurbishment programme. This had begun in 2014. Some of the enhancements and reconfiguration of the centre had brought about positive changes for residents living there. Residents had more toileting facilities which were of a high standard and provided good accessibility. There had also been a reconfiguration of multi-occupancy bedrooms in the centre. Those bedrooms were now twin rooms rather than three bed rooms, which had previously been the case. This provided residents using those rooms with better privacy options, space for staff to engage in health care duties if residents needed and also space to store personal possessions.

The premises met the needs of all residents and the design and layout promoted residents’ dignity, independence and wellbeing in the most part. Refurbishment plans intended would bring the centre into compliance with the standards and regulations for designated centres. However, at the time of inspection natural and artificial light in the centre was poor in some areas. While there was a safe external space for residents to use, they could not access it independently and screening in shared rooms required review also.

There were some areas of non compliance found on this inspection. These related to medication management, safe and suitable premises and residents clothing and personal property and possessions.

Areas of compliance and non compliance are discussed further in the report with an Action Plan at the end of this report detailing actions given and the provider nominee and person in charges' response in how they would address those actions.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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:**  
The inspector found that the statement of purpose contained all of the information as required by the Regulations. The provider had made a copy available to residents. This clearly described the range of needs that the designated centre intended to meet. It had been updated to reflect the change in governance and management arrangements.

**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 were no resource issues identified on this inspection that impacted on the effective delivery of care in accordance with the statement of purpose.
The provider outlined how staff shortages were addressed. Recruitment processes were in place and a staff nurse was due to commence employment early March 2015 with another post to be filled shortly after. Agency nurses were employed to ensure there were adequate resources to meet the needs of residents. The person in charge had made efforts to ensure agency nurses employed were regular and familiar to the centre to ensure continuity of resident care.

There was a clearly defined management structure that identified the lines of authority and accountability. Management systems were in place to ensure that the service provided was safe, appropriate to residents’ needs, consistent and effectively monitored.

There was a system in place to review and monitor quality and safety of care and the quality of life of residents on a regular basis. The person in charge had enhanced the auditing systems in place and introduced more key quality indicators as part of the quality assessment process. For example, an analysis of antibiotic use, physical restraint, pressure ulcers, urinary tract infections, pain and the use of psychotropic medication/night sedation (anti-depressants/sleeping tablets).

Improvements were brought about as a result of the learning from the monitoring reviews. For example, the person in charge had conducted a summary of incidents that had occurred in the centre for 2014. From this summary an analysis had occurred to ascertain the areas within the centre residents had fallen or slipped. The times and days of the week these incidents had occurred. From this information the person in charge could ascertain where resources were necessary to ensure better resident care in relation to falls, for example.

**Judgment:**
Compliant

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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:**
The residents’ guide met the requirements of the Regulations. It had been updated to reflect the change in person in charge and was available to all residents. The person in charge had also added coloured photographs of some of the facilities available to residents in the centre to enhance the information and accessibility of the document for residents and their families.
The guide included:

(a) A summary of the services and facilities.
(b) The terms and conditions relating to residence
(c) The procedures respecting complaints and
(d) The arrangements for visits.

Each resident had a written contract. Contracts reviewed dealt with the care and welfare of residents. The contract set out the services to be provided and fees to be charged to the resident.

**Judgment:**
Compliant

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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 person in charge at the time of inspection was Michelle Quinn, she was a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. She was filling the position of the previous person in charge while she was on extended leave from the centre.

During the inspection she demonstrated her knowledge of the Regulations, the National Quality Standards for Residential Care Settings for Older People in Ireland and her statutory responsibilities.

The person in charge had maintained her continuous professional development having completed a Masters course in Inter-Disciplinary Dementia Studies graduating in December 2014. She had also graduated from the National Counselling Institute of Ireland with a Diploma in Counselling and Psychotherapy 2006. She also had experience as a specialist nurse in Oncology Nursing (cancer care nursing) both in Ireland the UK and Australia.

She also facilitated teaching programmes on dementia care, positive behaviour support and cancer care for nurses and care staff through the centre for nursing and midwifery education in the West.
The person in charge had appropriate deputising arrangements in place to ensure adequate management of the centre during her absence.

**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:**
The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. The inspector was satisfied that they had been adopted and implemented throughout the centre.

**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 designated 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 was aware of the requirement to notify the Chief Inspector of any absence of the person in charge for a period of 28 days or more.

The person in charge had been on an expected absence for over 28 days since the last inspection and the Authority was notified within the correct time frame.

There were suitable arrangements in place during their absence and these arrangements were notified to the Authority.

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 safeguard residents and protect them from abuse.

There was a policy and procedures in place for the prevention, detection and response to abuse. Staff were trained in the policy and procedures in place for the prevention, detection and response to allegations of abuse.

Staff spoken with demonstrated an understanding of what constituted abuse and what to do in the event of witnessing an incident of abuse or disclosure of abuse, including who they would report it to. They also detailed how they would ensure the resident was safe and comforted should they witness an incident of abuse.

The inspector viewed the training attendance records and saw that all staff had received training on identifying and responding to elder abuse. The person in charge was clear about the measures they would take if they received information about suspected abuse of a resident.

Residents spoken with and questionnaires received, confirmed that residents felt safe in the centre. They primarily attributed this to the approachability of staff and management if residents or their families/friends had an issue.
Small amounts of money were managed for some residents at their request. The inspector was satisfied that this was managed in a safe and transparent way, guided by a policy.

A restraint free environment was promoted. There was a policy on, and procedures in place for the use of restraint. Where restraint was used it was in line with the national policy on restraint. For example, restraint used within the centre was audited by the person in charge on a monthly basis. There was evidence of risk assessments completed for residents that used bed rails. Alternatives were trialled where applicable.

**Judgment:**
Compliant

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**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:**
There were adequate risk management systems in place and health and safety of residents, visitors and staff were promoted and protected in the centre.

Doors to rooms that contained harmful chemicals for example, sluice and laundry rooms had risk control measures in place to safeguard residents.

Hand rails were provided in circulation areas. The centre had safe floor covering provided. Staff training records for manual handling were up to date with renewal dates indicated for 2016. Over head hoists were in use in most residents' rooms.

Infection control measures were in place within the centre. Alcohol hand gels were in use throughout and all staff had completed hand hygiene training with refresher training scheduled as required. Colour coded cleaning cloths were used to prevent cross contamination, for example pink cloths were used to clean food preparation areas with green cloths used to clean tables. Daily cleaning records were maintained in the centre with contract cleaning for the floors and toilets in the centre. There had been no notification of outbreaks of infectious disease for the centre since the previous inspection May 2014.

Fire extinguishers had been serviced 2 May 2014. Servicing records for emergency lighting and the fire alarm were up to date with the most recent date 19 November 2014 with the next due date 30 March 2015. There were fire drills at six monthly intervals and
Fire records were kept, which included details of frequency of fire drills, fire alarm tests and fire fighting equipment checks.

There was adequate means of escape and fire exits were unobstructed. There was a prominently displayed procedure for the safe evacuation of residents and staff demonstrated knowledge of what to do in the event of a fire. For example, staff indicated they would use compartmentalisation to prevent the spread of a fire. A process in which the use of fire compliant doors, between designated zones are closed to contain the spread of smoke and fire throughout a building. Each resident had a personal emergency evacuation plan in place also.

Some residents had been identified at risk of absconding from the designated centre. Wandering technology was used to ensure residents identified at risk did not leave the centre without alerting staff. This technology was used in the form a bracelet which was linked to the external doors of the premises. Given the location of the centre, opposite a busy road which was adjacent to a river, it was deemed the most appropriate option for residents to use this technology.

During the course of the inspection, the inspector observed that wheelchairs used to transport residents throughout the centre were stored in a section just off one of the corridors adjacent to the day room. While efforts had been made to ensure they would not block the corridor they did however, pose a trip hazard particularly as a hand washing sink was located to the rear of where the wheelchairs were stored, necessitating staff, residents and visitors to manoeuvre past them to wash their hands.

Before the close of the inspection, the person in charge and maintenance officer for the centre had rearranged the configuration of storage space to allow for safer storage of wheelchairs which in turn provided better access to the hand washing sink reducing the risk of accidents and trips.

The provider and person in charge were in the process of reviewing disposable glove and apron dispensers within the centre. The person in charge demonstrated some prototypes that were in consideration to be used in the centre. In the meantime, the person in charge had instigated risk assessments in relation to the units in the centre, which addressed the action given on the previous inspection.

**Judgment:**
Compliant

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**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:
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs were safe and in accordance with guidelines and legislation. However, the inspector observed that staff, engaged in medication administration duties, did not adhere to appropriate medication management practices. Medication used for the emergency management of epileptic seizures was out of date.

Policies and procedures were in place for residents that wished to self-administer medication. There were no residents living in the centre who engaged in this practice at the time of inspection.

Staff with whom the inspector spoke with demonstrated knowledge and understanding of principles in relation to safe medication management practices. However, in practice, safe procedures were not implemented during a drug administration round observed by the inspector.

The drug trolley was not locked after each time it was used and remained opened and located on the corridor, while medication was administered to residents in their bedrooms. Medication, which did not have a tamper proof lid, were left on top of the trolley throughout the drug administration round also. These issues were brought to the attention of the relevant staff member who resolved them immediately by retrieving the drug trolley key from the nurses' office and securing the medication and the trolley. Safe practice of medication administration was observed thereafter by the inspector.

There were appropriate procedures for the disposal of unused, soiled and rejected medicines. However, medication used for the emergency management of seizures was out of date. Procedures for the management of out of date medications had not been adequately implemented in relation to this type of medication. When this issue was brought to the attention of the nurse and person in charge by the inspector, appropriate procedures were carried out and the medication was disposed of as per the centre's policies and guidelines.

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):
No actions were required from the previous inspection.
Findings:
A record of all incidents occurring in the designated centre was maintained.

All notifiable incidents had been notified to the Chief Inspector within the time frames as set out in the Regulations.

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

Findings:
The person in charge had arranged a comprehensive assessment by appropriate health care professionals of the health, personal and social care needs of each resident.

The centre had an activity coordinator, she had training in delivering sensory therapies for people with dementia, indicating a commitment to enhancing activity provision to meet the needs of all residents. Residents had access to dog therapy, quizzes, card games, daily Mass, sing a long music sessions, art classes and jig saws. The activity coordinator also worked as a multi-task. It was found on the previous inspection that these delegated tasks often conflicted and impacted on her time dedicated to activity provision. Since then the person in charge had put systems in place to ensure activities were not interrupted and the activity coordinator verified that those systems worked better for her and for residents.

Meaningful activity assessments in the care plans had been completed by nursing staff and there was evidence that they had been reviewed and updated as required.

From the sample of care plans reviewed, residents had a personalised care plan prepared within 48 hours of their admission or thereafter as the need was identified, which detailed their assessed needs and choices. Residents and their representatives were encouraged to be involved in the assessment and care planning processes. The registered provider had set out to meet the needs of each resident according to their assessed needs as set out in their care plans.
Care plans were reviewed on an ongoing basis and at a minimum of every four months. The person in charge had implemented an audit of care plans for the centre which was detailed and thorough. All care plans had been audited in recent months and updated and reviewed as necessary.

Care and treatment provided reflected the nature and extent of residents' dependencies and needs. From a sample of care plans reviewed, the assessment, care planning processes and clinical care was in line with evidence based practice and in accordance with professional guidelines. The care delivered encouraged the prevention of and early detection of ill health.

A care plan for the management of epilepsy was in place for a resident. While the care plan documented the medication the resident was prescribed for emergency management of a seizure, it did not document specific criteria for when it should be used or how. The emergency management procedures required review to provide best practice guidance to staff with regard to this health care issue.

**Judgment:**
Substantially Compliant

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**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 design and layout of the centre were in line with the statement of purpose. The premises were undergoing a refurbishment and the provider had enhanced the toileting facilities in the centre in the previous year. At the time of inspection multi-occupancy bedrooms had been reconfigured to twin bedrooms. The occupancy numbers for the centre would be 33 beds when the full refurbishment was completed. A tentative date for commencement was given for September 2015.

The provider nominee outlined to the inspector how residents would be consulted with and supported during this time. The provider and person in charge would engage with residents and their families/representatives six to eight weeks prior to commencement of the works. Residents, accommodated in bedrooms that were undergoing
refurbishment, would be accommodated in the twin rooms bringing their occupancy of those rooms to three during the works. Twin rooms in the centre had originally accommodated three residents before reconfiguration. The inspector was satisfied that residents could be comfortably accommodated in this arrangement during the period works were being carried out. The provider nominee also outlined that admissions to the centre would stop during that time.

Some changes to the centre would also include the installation of an assisted bathroom and assisted shower room to the centre. The laundry room would also be reconfigured to ensure it met with best practice infection control guidelines. Each bedroom would be fitted with overhead tracking hoists to ensure staff could implement best practice manual handling with residents as needed. Bedrooms would be fitted with new vanity units, wardrobes and bedside lockers enhancing the overall aesthetic appearance of the centre and provision of space for residents to keep their personal possessions.

There were a sufficient number of toilets since recent refurbishments. Resident committee meetings documented residents’ satisfaction with the introduction of enhanced and more accessible toileting facilities in the centre. Previously, segregated toileting facilities meant residents sometimes had to wait to use the facilities. Residents’ feedback was positive in relation to this change.

Shared rooms provided lots of space for free movement of residents and staff, free movement of hoists and other assistive equipment as required. Each shared room had an en-suite which provided an adapted space for residents to use or receive assistance as required.

Handrails were provided in circulation areas. Grab rails were provided in the shower and toilet areas. A functioning call bell system was in place and at each resident’s bed. There was a separate kitchen with sufficient cooking facilities and equipment. Equally the dining area for residents was spacious and comfortable. There was also a pleasant oratory for residents and visitors to use.

The provider nominee and person in charge informed the inspector that the décor of the centre and also the flooring were factored in as part of the refurbishment plans for the centre. They had also provided the inspector with floor plans detailing the changes to the centre as part of the refurbishment.

There was a safe external courtyard which was located in the centre of the premises. Doors to this courtyard were locked during the course of the inspection. Residents generally used this space during good weather and with supervision of staff. However, residents could not access this area independently. Residents were facilitated to use the space when the weather permitted, for example. However, this was at the discretion of the staff and there was not identified system in place for residents to use the space regularly. For example, the activity schedule for the centre did not factor in any time spent outside.

Lighting in the centre was not adequate in some areas. Some corridors were dark with poor natural light coming in from the ceiling units. These corridors required artificial lighting at all times due to this. Screening in shared room did not provide adequate
privacy for residents and required review.

**Judgment:**
Non Compliant - Moderate

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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 were policies and procedures for the management of complaints. The complaints process was user-friendly, accessible to all residents. During the course of the inspection, the person in charge repositioned the location of the complaints policy so that it was framed located over the suggestion box at the reception area. There was an appeals process included in the procedure with contact details.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and used to inform service improvements. A complaints log was maintained and the inspector saw that it contained details of the complaints, the outcome and the complainants’ level of satisfaction had begun to be recorded in recent times by the person in charge.

**Judgment:**
Compliant

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**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**
Person-centred care and support

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

**Findings:**
There were written operational policies and protocols in place for end-of-life care which
staff were familiar with.

Care practices, plans and facilities were in place so that, residents received end-of-life care in a way that met individual needs and wishes and respected their dignity and autonomy. There was access to specialist, palliative care services, when appropriate.

All religious and cultural practices were facilitated. Family and friends were facilitated to be with the resident when they were dying. Where possible, residents had a choice as to the place of death. Respect was shown for the remains of a deceased resident. Arrangements for the removal of remains occurred in consultation with deceased resident's family.

**Judgment:**
Compliant

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**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**
Person-centred care and support

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

**Findings:**
There was a policy for the monitoring and documentation of nutritional intake which was implemented in practice.

Residents had access to fresh drinking water which was supplied in their bedrooms, dining room and day rooms. The food provided met the dietary needs of each resident based on their nutritional assessment. Residents’ nutritional risk had been assessed using a nutritional risk assessment tool. Residents identified at nutritional risk had been referred for dietician review and had been prescribed nutritional supplements and prescribed supplementation to their meals.

Residents with compromised swallow and at risk of choking had been referred to speech and language therapy (SALT). Those residents had received a review with a prescribed consistency meal planner in place, as necessary. The inspector observed modified consistency meal recommendations were being implemented for residents.

Food served during the course of inspection was nutritious, varied and available in sufficient quantities. Residents spoken with confirmed they enjoyed the food served in the centre and the inspector overheard residents complementing the food as they ate.

There was a rotating menu with food choices available to residents to ensure mealtimes
were interesting and enjoyable.

Meals and snacks were available at staggered intervals throughout the day. Residents were offered assistance during meals in a sensitive, dignified manner. Food was properly prepared, cooked and served. The catering manager of the centre was in her final year of a BA in Culinary Arts.

She demonstrated a good knowledge of the dietary needs for residents in the centre. She also demonstrated how she fortified foods for residents identified at nutritional risk. Menus were discussed with the dietitian and feedback was taken from residents with regards to new choices introduced on the menu. There was a good supply of frozen, fresh and dried goods in the kitchen. Inspections by external providers of the kitchen and food preparation in the centre had met with a good level of compliance.

**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:**
The inspector was satisfied that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives. Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for permission to enter. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name during the course of the inspection.

Questionnaires filled in by residents and family/representatives were submitted to the Authority prior to the inspection. In all questionnaires reviewed residents stated they were happy with how they were consulted in the centre and were happy with how their rights were upheld. There was an overall description of satisfaction with service provision detailed in the feedback reviewed. A family member outlined her satisfaction with her sibling's care and told the inspector staff treated her sibling with respect and kindness. She also told the inspector her sibling told her this each time she visited.

Residents’ civil and religious rights were respected. Residents confirmed that they had
been offered the opportunity to vote at election time. In-house polling was available or some residents returned home for this. Mass took place on a weekly basis. At the time of inspection it was Ash Wednesday, residents of Roman Catholic faith participated in Mass. Other faiths could be accommodated in the centre.

A residents’ committee had been established and regular meetings were held. The inspector read some of the minutes and saw that residents had been informed of changes to the premises of the centre. For example, residents were informed of new external doors being fitted and fitting out of toilets. Residents were given information on elder abuse prevention. Committee meetings also indicated residents had been asked what future entertainment options they would like for the centre.

Residents that attended for day care were complimentary of their experience of the centre. They told the inspector the food was great and the activities in the centre were good too. Communication with regard to meals in the centre was written on a large white board in the dining room. While this was evidence of communication with residents and facilitation of choice, some residents spoken with had visual impairment, for example. Facilitated choice at mealtimes required some review to ensure it was in a number of formats that met the needs of all residents.

**Judgment:**
Substantially 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:**
There was a policy on residents’ personal property and possessions. A record was kept of each resident’s personal property. Personal property was safeguarded through record keeping. An inventory of residents’ belongings was taken on admission.

There were adequate laundry facilities with systems in place to ensure that residents’ own clothes were returned to them. Residents’ clothes were also ironed when required.

However, from the sample of records documented they were not updated with enough frequency. Resident personal property details were not updated since admission with some residents living in the centre a number of years. Detail of items, in the inventories documented, required review as they did not provide the reader with enough description.
of residents' personal belongings should they go missing.

**Judgment:**
Substantially Compliant

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**Outcome 18: Suitable Staffing**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. 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

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

**Findings:**
Staff had opportunities to receive training specific to their role. From staff files reviewed the inspector noted staff had received training in for example, elder abuse prevention, response and detection training, fire safety, manual handling and medication management training where appropriate. The person in charge had a robust training matrix which ensured staffs' skills were maintained and updated regularly.

The actual and a planned staff rota in operation accurately reflected the staff on duty at the time of inspection. The duty roster indicated there were sufficient numbers of staff to meet the assessed dependency needs of residents from the staffing rosters reviewed as part of the inspection. The provider nominee had employed regular agency staff at the time of inspection, to fill posts that were available due to staff shortages to ensure residents’ continuity and quality of care were not impacted upon.

From the sample of staff files reviewed, staff had received vetting and files reviewed had the matters as set out in Schedule 2. All relevant members of staff had up-to-date registration with relevant professional bodies, if this was required for their role. Staff working in the centre that carried out duties such as maintenance, hair dressing or provided reflexology services had also received Garda vetting.

**Judgment:**
Compliant

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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:**

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

<table>
<thead>
<tr>
<th>Centre name</th>
<th>St. Augustine's Community Nursing Unit</th>
</tr>
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<tr>
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<td>OSV-0000649</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>17/02/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>27/04/2015</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with 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:
Medicinal products dispensed to residents were not maintained securely during drug administration rounds.

Action Required:
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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:
All nursing staff have reviewed their practice. They have updated their knowledge of all the local and national policies in relation to medication management. Regular review and audit of practice will be incorporated into the management structure of the unit to ensure compliance.

Proposed Timescale: 30/04/2015
Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medication used for the emergency management of epileptic seizures was out of date and had not been segregated from other medicinal products.

Action Required:
Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

Please state the actions you have taken or are planning to take:
A full review of all medication stock has been undertaken to ensure that no out of date medicinal products are on the premises. All emergency medications are now stored as per the Local and National Polices and all nursing staff have familiarised themselves with these polices.

Proposed Timescale: 30/04/2015

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:
A care plan for the management of epilepsy and the emergency management of an epileptic seizure required more detail.

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
Please state the actions you have taken or are planning to take:
A review of the care plan for the management of epilepsy and the emergency management of an epileptic seizure now contains a detailed plan of care.

Proposed Timescale: 31/03/2015

**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:
Lighting in the centre was not suitable in all parts of the designated centre and required review to ensure there was adequate natural and artificial light.

**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:
The issues raised in relation to lighting are included in the brief for the major development works for the centre scheduled to commence in third quarter of 2015.

Proposed Timescale: 30/09/2015

**Theme:**
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a safe outdoor space for residents but it could only be accessed on request.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
The centre is to undergo refurbishment in 2015 and the plans include renovation of the outdoor space which will provide residents with free and safe access/ egress to the space.
Proposed Timescale: 30/09/2015

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Screening in shared rooms was not adequate and required review to ensure it provided residents with full privacy when used.

Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
The centre is to undergo refurbishment in 2015 and screening between residents in shared rooms is being addressed in the plans.

Proposed Timescale: 30/09/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Facilitated choice at mealtimes required some review to ensure it was in a number of formats that met the needs of all residents.

Action Required:
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:
Additional formats both written and picture aids are being developed for use at mealtimes to meet the needs of all residents.

Proposed Timescale: 30/06/2015

Outcome 17: Residents' clothing and personal property and possessions

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement
in the following respect:
The person in charge had not ensured personal property inventories were updated with enough frequency and detail to ensure each resident had retained control over his or her personal property and possessions.

**Action Required:**
Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

**Please state the actions you have taken or are planning to take:**
All staff have been made aware of the policies in relation to residents clothing and personal property and possessions. Additional property inventory booklets have been supplied to ensure accurate record of personnel property inventories. Regular audit and review will be carried out going forward.

**Proposed Timescale:** 30/04/2015