## Centre Details

<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Holy Ghost Residential Home</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000591</td>
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<tr>
<td><strong>Centre address:</strong></td>
<td>Cork Road, Waterford.</td>
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<tr>
<td><strong>Telephone number:</strong></td>
<td>051 374 397</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:holyghostreshome@eircom.net">holyghostreshome@eircom.net</a></td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Board of Trustees of Holy Ghost Residential Home</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Hilary Quinlan</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Mairead Harrington</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Maria Scally</td>
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<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>60</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></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**

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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</thead>
<tbody>
<tr>
<td>25 February 2015 10:00</td>
<td>25 February 2015 19:00</td>
</tr>
<tr>
<td>26 February 2015 09:00</td>
<td>26 February 2015 16:30</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
<th>Outcome 02: Governance and Management</th>
<th>Outcome 03: Information for residents</th>
<th>Outcome 04: Suitable Person in Charge</th>
<th>Outcome 05: Documentation to be kept at a designated centre</th>
<th>Outcome 06: Absence of the Person in charge</th>
<th>Outcome 07: Safeguarding and Safety</th>
<th>Outcome 08: Health and Safety and Risk Management</th>
<th>Outcome 09: Medication Management</th>
<th>Outcome 10: Notification of Incidents</th>
<th>Outcome 11: Health and Social Care Needs</th>
<th>Outcome 12: Safe and Suitable Premises</th>
<th>Outcome 13: Complaints procedures</th>
<th>Outcome 14: End of Life Care</th>
<th>Outcome 15: Food and Nutrition</th>
<th>Outcome 16: Residents' Rights, Dignity and Consultation</th>
<th>Outcome 17: Residents' clothing and personal property and possessions</th>
<th>Outcome 18: Suitable Staffing</th>
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**Summary of findings from this inspection**

This was an announced inspection following an application by the Holy Ghost Residential Home, in accordance with statutory requirements, for re-registration of a designated centre. The Holy Ghost Residential Home is a community service run on a voluntary basis and managed by a board of directors through a nominated provider with care directed via the person in charge. On the day of inspection there were 60 residents in the centre. As part of the process inspectors met with residents, the nominated provider, the person in charge, members of the board of management and other staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Residents spoken with expressed a good level of...
satisfaction with the service they experienced at the centre. Other documents reviewed included training records, residents' care plans and minutes of meetings.

The last inspection, on 30 September 2014, was a thematic that focused on the outcomes of food and nutrition and end-of-life care. The inspection findings were satisfactory and, where required, the provider and person in charge had taken action accordingly. A copy of that report, including the provider’s response and action plan, can be found on www.hiqa.ie.

The findings of this re-registration inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of 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.

Areas for improvement were identified in relation to governance and management, documentation, risk management and staffing. These issues are covered in more detail in the body of the report. Also, the application for registration did not include all the documentation as prescribed under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009.
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 reviewed the statement of purpose which declared the aims, objectives and ethos of the centre and summarised the admission criteria, facilities available and services provided. The person in charge confirmed that the statement of purpose was kept under review though it required amendment in order to correctly reflect both the conditions of registration and the statutory time frames for the review of resident care plans. The floor plans also required amendment to accurately reflect the accommodation provided.

Judgment:
Substantially 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:
The designated centre was operated on a voluntary basis with a well established system
of governance in place via a board of trustees. Care was directed through the person in charge who reported to the provider with both answerable to the board. The governance system was effective in terms of communication and both the person in charge and provider reported a significant level of support and direct input to the service from the board of trustees. The organisational structure included the necessary deputising arrangements and was appropriate to deliver a service that was in keeping with that as described in the statement of purpose.

Staff spoken with were aware of the requirements in relation to the regulations and a copy of the national standards was available and accessible at the centre. Those staff spoken with were found to be committed to providing quality, person-centred care to their residents. Evidence was also available in relation to meetings with residents and those spoken with explained that they had an opportunity to engage with management in decision making around activities and initiatives at the centre.

Management systems were in place to monitor the provision of service with a view to ensuring safety and consistency though such measures were relatively new and processes around them required further development. For example audit procedures were not regular or consistent, particularly in relation to risk areas such as medications and, though some audits had been completed around risk management and care plans, the information was limited as the schedule had only recently been implemented. As a result there was insufficient base line data to fully inform a meaningful and objective review around the quality and safety of care. As a consequence minimal action had been taken on any related quality review and the annual report in this respect had not been completed. Members of management spoken with during the inspection explained that the services of a quality management consultancy had been retained and that a review of the service to include an annual report was in process.

The application for registration did not include all the documentation as prescribed under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009.

**Judgment:**
Non Compliant - Moderate

**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:**
A guide outlining the services and facilities of the centre was available to residents and the residents' association had also prepared a reference document to support new admissions to the centre. The inspector reviewed a sample of resident contracts which included details of the overall fees to be paid and services to be provided in relation to care and welfare. The sample of contracts reviewed were dated and had been signed by the resident.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge was a well established member of staff who held the post full-time and was a registered nurse with experience appropriate to the role. A clear reporting system was in place with the person in charge reporting to both the provider and also a board of trustees. Residents and staff spoken with could identify the person in charge and understood that the role carried responsibility and accountability for the service and that issues and concerns could be addressed to the person in charge for action if necessary. In the course of the inspection the person in charge demonstrated a sound knowledge and understanding of 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 person in charge also understood the regulatory responsibilities associated with the role and demonstrated an on-going commitment to both person-centred care and compliance with the statutory requirements.

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
### Theme:
Governance, Leadership and Management

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

### Findings:
A substantial amount of work had been undertaken since the previous inspection around the development of documentation and particularly policies and procedures; to this end the centre had also retained the services of a consultancy firm. Records in relation to staff files were in accordance with schedule 4 of the Regulations. As described at outcome 9 on medication management, records in relation to the monitoring of controlled drugs were incomplete. The recording of information in care plans as required under schedule 3 of the regulations was also inconsistent with omissions around the dating of assessments and in some instances the use of photocopies rather than originals which obscured information and created opportunity for error. Also, as outlined at outcome 14 on end of life, in some instances assessments had either not been completed or reviewed, though the person in charge explained that systems to address these shortcomings were being implemented and work on this was on-going.

Documentation in relation to staff records as required by schedule 2 of the regulations was appropriately maintained and included the necessary biographical information, garda vetting, references and employment history. Site specific policies and procedures in respect of all items at schedule 5 of the regulations were in place dated January 2015. However, the complaints policy required further development around the appeals process and in relation to time frames as described at outcome 13.

### 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 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:
Both the provider and person in charge understood the statutory requirements in
relation to the timely notification of any instances of absence by the person in charge that exceed 28 days; and also the appropriate arrangements for management of the designated centre during such an absence. There had been no such period of absence by the person in charge since the last inspection.

**Judgment:**
Compliant

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**Outcome 07: Safeguarding and Safety**

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

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

**Findings:**
There was a policy on, and procedures in place for, the prevention, detection and response to abuse dated January 2015 which was comprehensive and included directions where allegations were made against residents or visitors. Staff spoken with understood what constituted abuse and, in the event of such an allegation or incident, were clear on the procedure for reporting the information. The person in charge was ‘train the trainer’ qualified in delivering abuse training and the matrix indicated training in this area was on-going with the last programme delivered in November 2014. All staff had received updated training accordingly.

Residents spoken with stated they felt safe in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise. There was no record of any allegations of abuse having been reported. A policy dated January 2015 was in place on managing challenging behaviour which also referenced the use of restraint. The person in charge explained that the profile of residents was one of low dependency and that the centre's policy was one of no restraint.

A policy was in place for the management of residents’ personal property, finances and possessions dated January 2015. Policy was in keeping with the independent resident profile and residents retained responsibility for the management of their own finances, belongings and clothing.

**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
Theme:
Safe care and support

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

Findings:
A comprehensive risk management policy was in place dated January 2015 covering the required areas in relation to unauthorised absence, assault, accidental injury, aggression, violence and self-harm. The policy also included arrangements to identify, record, investigate and learn from serious incidents. The centre had a health and safety policy dated September 2014 that included a site-specific safety statement. In keeping with policy a risk register was also maintained and included a number of resident specific risk assessments completed in December 2014. A smoking policy was in place which described the fire fighting equipment for the smoking room which included a fire blanket and fire extinguisher, though on the day of inspection a fire blanket was not in place. The centre operated a transport vehicle for residents and documentation in this respect was appropriately maintained in keeping with a site-specific policy and procedure dated February 2015. Staff training was up-to-date in relation to fire prevention and precaution with records of training delivered on 25 November 2014. Staff had also received training in manual handling as of 23 February 2015. New staff were familiarised with the fire safety procedures on induction. An inventory of equipment, and its location, was in place and certification in respect of fire equipment servicing was available from 6 January 2015. A daily check of both the fire panel and fire escapes was recorded. Weekly checks of first aid and fire equipment, including the fire alarm test, were documented. Evacuation drills were documented for 24 September 2014. On the day of inspection all corridors were clear and exits were unobstructed. An emergency policy was in place dated January 2015 and emergency and evacuation plans were on display. Emergency lighting had been tested on 11 December 2014. There was written confirmation by a competent person of compliance with all the requirements of the statutory fire authority. Policies and procedures around cleaning and infection control were in place dated January 2015 and work routines observed by the inspector were in keeping with good practice and included the use of a colour coded cleaning system. Health and safety training had been delivered on 4 December 2014. Sluice rooms were appropriately equipped with hazardous substances securely stored. Staff were seen to use personal protective equipment appropriately. Sanitising hand-gel was readily accessible and regular use by staff was evident. The premises overall was clean and well maintained.

Judgment:
Substantially Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.
| **Theme:**  
<table>
<thead>
<tr>
<th>Safe care and support</th>
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</table>
| **Outstanding requirement(s) from previous inspection(s):**  
| No actions were required from the previous inspection. |
| **Findings:**  
| There were written, operational policies and procedures, dated January 2015, which covered requirements in relation to the safe ordering, prescribing, storing and administration of medicines to residents. The policy also referenced procedures around the safe handling and disposal of out of date or unused medicines.  
| Practices observed in relation to the storage of medication were in keeping with policy, current guidelines and legislation and included suitably secure storage in the case of controlled drugs. However, the controlled drug register was checked and signed off only once a day and not at the changeover of each shift as required by professional guidelines. Action in this respect is recorded against outcome 5 on documentation.  
| The inspector observed a medication round and noted that practice was in keeping with guidance with medications prescribed and administered in accordance with best practice. Medication administration sheets contained the signature of the nurse administering the medication and prescription sheets contained the necessary biographical information including a photograph, name, dosage and route of administration. There was adequate space to include comments in instances where residents refused medication or it was withheld.  
| There were no instances of medications being crushed or prescriptions being transcribed. The person in charge explained that no non-nursing staff administered medications. Where a resident was self-administering medication an appropriate assessment had been completed and effective systems were in place for staff to provide support if required, including direct input by the pharmacist. The person in charge explained that residents could retain the services of their pharmacist if they so wished. Both pharmacist and GP reviews of medication were undertaken regularly with staff. The centre engaged the services of the local community pharmacist which included the conduct of medication management audits and an audit dated 22 January 2015 was available in relation to residents that self-administered. However, overall the systems for reviewing and monitoring medication practices generally, such as audits, required more consistent application in keeping with the centres own policy. Action on this finding is recorded against outcome 2 in relation to systems of governance. |
| **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:
A system for recording all incidents at the designated centre was in place and the person in charge was aware of the requirements to notify the Chief Inspector accordingly. Quarterly reports or nil returns were also provided to the authority as required.

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):
No actions were required from the previous inspection.

Findings:
The centre had current and site-specific policies and procedures dated January 2015 in relation to the care and welfare of residents. There were sixty residents recorded as living in the centre on the day of inspection and all were assessed as being of low dependency. The inspector found that the welfare and well-being of the residents was prioritised and suitable and sufficient care was provided. Residents enjoyed a significant level of independence and freedom. The inspector also saw that resources were in place to support transport and access to residents attending local community services or events in the area.
Staff and management spoken with at the centre demonstrated an active commitment to person-centred care and delivery of care was based on a social model with the independence of residents and their engagement in decision making regularly promoted through choice in daily routines.
The care plans reviewed by the inspector contained evidence of pre-assessments undertaken by the person in charge prior to admission. Residents’ weights were monitored and the services of allied healthcare professionals could be accessed by
appointment including dentist, occupational therapist and optician. The centre also employed a qualified speech and language therapist. A sample of care plans reviewed indicated that residents were provided with timely access to medical assessment and care with regular attendance by the local GP services. Residents had the option of retaining the services of their own GP and pharmacist whilst at the centre. Services were also available from the public health liaison nurse as required. Where transfer to acute services was necessary admissions were arranged in a timely manner and documentation around discharge and transfer activities on those care plans reviewed was complete.

A sample of care plans reviewed by the inspector was seen to be person-centred with appropriate assessments using evidence based tools in use. Care plans reflected residents’ social care, needs, preferences and strengths and were implemented in conjunction with the residents, with signed records to this effect. A summary assessment record was signed off by the person in charge though in some instances reviews were not being completed in keeping with the six monthly time frame described in the statement of purpose and, in any event, reviews were not in keeping with the statutory requirement of every four months.

Residents’ social care needs and independence were well supported and they were encouraged to remain independent, make their own choices, remain active, and be involved in the local community.

There were however some issues around documentation with inconsistent reviews and limited audit of care planning. Several assessment records were undated and in some instances photocopied templates were used which resulted in recorded entries being illegible. Generally consultation with residents on care plans was evident and documented though there were some omissions in relation to planning around spirituality and dying. Actions in this respect are recorded at outcome 5 on documentation.

Overall, whilst the standard of care delivered was appropriately assessed and well delivered, there was a lack of timely review or assessment against the regulatory standards to inform the centre’s annual review of the quality and safety of care delivered – this finding is recorded for action against outcome 2 on governance and management.

**Judgment:**
Non Compliant - Moderate

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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 location, design and layout of the centre were suitable to meet the individual and
collective needs of the resident profile in keeping with the centre’s statement of
purpose. The single storey building had been purpose built and comprised a main
building with 40 single rooms and a further 16 double rooms through three wings of the
centre. The dimensions of all rooms were appropriate to the assessed needs of the
resident profile and each was equipped with a secure locker and the necessary personal
storage space. Each also had a wash hand-basin. There was an adequate number of
bathrooms, shower rooms and toilets for the capacity of the centre.

The building was well constructed and maintained. Provisions were in place to address
health and safety hazards including call-bell systems and grab rails where necessary.
Parking adequate to the service was available on site.

There was a large communal sitting room in the main building along with a dining room
and oratory. Additional space was available for recreation and music sessions. Residents
also had access to a library and smoking room. The premises was bright, well furnished
and comfortable. Appropriate heating, lighting and ventilation were in place throughout
the premises. Separate facilities were available for staff. Facilities for catering purposes
were appropriate to the layout and capacity of the centre. Laundry and sluice facilities
were adequately equipped and appropriately maintained. There was an enclosed,
landscaped courtyard area with adequate seating and secure access for residents. The
environment and atmosphere overall was homely.

Judgment:
Compliant

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:
A site specific complaints policy and procedure was in place dated January 2015 which
covered both written and verbal complaints. The policy cited relevant legislation and
included a clear outline of the procedure to follow in making a complaint, though
information on the expected time frames for resolution was incomplete and did not
include a nominated independent officer for the appeals process. Also, although the
centre’s statement of purpose provided contact details for the Ombudsman in relation to referrals, these details were not included in the complaints policy itself. Action on policy development is recorded against outcome 5 on documentation. A summary of the complaints procedure was on display in the centre. Residents spoken with were aware of how to make a complaint should they so wish though residents reported that communication with staff and management was very good with opportunities to raise issues at residents’ meetings also. In general any requests or issues were usually addressed on an on-going basis without the need to escalate matters via the complaints process.

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

**Findings:**  
The centre had been the subject of a focused inspection on end of life care in September 2014 which established substantial compliance though issues in relation to recording on care plans and the development of policy had been identified. Since then a revised and comprehensive, site-specific policy had been introduced as of January 2015. The policy was in keeping with the low dependency profile of residents and covered circumstances around sudden or unexpected death. It also referenced the constraints around admission criteria in relation to the provision of nursing care and indicated that where the needs of a resident changed and end of life care provision became necessary, residents requiring such care would be referred for assessment and transferred to an appropriate service provider accordingly. Procedures referred to consultation with family and also consideration around the religious denominations of individual residents. A policy on residents’ personal property and a protocol for the return of personal possessions was also in place.

The person in charge confirmed that there had been no death at the centre since it had been registered and that there had been no instances where end of life care had been provided.

Members of staff spoken with were competent to deliver care and all had received appropriate first aid training within the last two years, including protocols for emergency resuscitation.
The policy also made provision for the on-going review and assessment of a resident's changing needs and a process of capturing the wishes of residents was in place in relation to spirituality and dying, as part of the activities of daily living. In several instances these assessments had either not been completed or reviewed. The person in charge explained that systems to address these shortcomings had been introduced and the review process was incomplete and on-going. Actions in this regard are recorded against outcome 5 on the maintenance of documentation in relation to care plans.

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

**Findings:**
The Holy Ghost provides supportive care for those who have been assessed as not requiring full time nursing care. As such the care provided was appropriate to the assessed needs of a resident profile with low dependency levels. Special dietary requirements are supported as necessary, for example in relation to diabetes, and residents manage their own conditions with this support. Independent dining was encouraged and on the day of inspection there was no resident requiring direct assistance at mealtimes. The centre had been the subject of focused inspection on food and nutrition in September 2014 where action had been identified in relation to the development of an associated policy. Action had since been completed in this regard and the inspector reviewed a comprehensive, site-specific policy dated January 2015 which had been revised to reflect good practices at the centre accordingly.

A sample of care plans reviewed by the inspector contained relevant records of monitoring with regard to nutrition and weight. Access to allied healthcare services such as a dietician was available via GP referral and the centre also employed a qualified speech and language therapist. Members of staff spoken with demonstrated an understanding of the residents and their requirements and were seen to accommodate individual preferences where requested.

The dining area was clean and bright with tables laid for small groups. Residents spoken with were very satisfied with both the quality and quantities of food provided. The inspector saw that food was well prepared and presented. Kitchen staff were appropriately trained and kitchen facilities were in keeping with the design and layout of
the premises. Menu diet sheets reviewed by the inspector included a full breakdown of calorie counts and nutritional values. A copy of the most recent environmental health report was available from November 2014 and a catering audit had been completed on 27 November 2014.

Judgment:
Compliant

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:
Residents spoken with reported positively on the experience of living at the centre stating that they were comfortable and felt safe and secure. A number of questionnaires reviewed by the inspector also returned very favourable opinions. The inspector saw evidence that residents adopted a relatively independent daily routine and were fully supported in doing so by both staff and management. The centre describes the ethos in its statement of purpose as having an " emphasis on a home style setting where staff are directed in their work by the expressed needs and preferences of the residents.....by promoting independence, self care and healthy ageing in interactions with residents ". The inspector found that the intention of this statement was actively promoted by both staff and management in the day to day care at the centre. There was evidence that residents were consulted with and had an opportunity to participate in the organisation of the centre with minutes of residents’ meetings available dated 6 September and 16 October 2014. A residents’ association was active at the centre and, as part of a resident initiative, an on-site snack shop was in place, stocked and supervised by residents. Improvements as a result of suggestions were seen to be introduced in relation to the provision of water coolers and new dining room furniture.

Facilities at the centre for recreation and occupation were available with a schedule of weekly activities including input by an activities co-ordinator who also provided an advocacy service for the residents. In keeping with the profile of low dependence many residents chose and arranged their weekly activities with support from staff and management at the centre. All residents had access to recreational resources such as TV, radio and newspapers and the centre had also recently completed an initiative in developing a premises on-site as a seated cinema for regular film screenings. The
inspector observed communication and interactions between residents and staff which were helpful and assistive whilst being courteous and respectful. Staff knew and understood the individual needs and preferences of residents and those residents and relatives spoken with indicated that staff were both responsive to their requests and attentive in their delivery.

Judgment:
Compliant

**Outcome 17: Residents' clothing and personal property and possessions**
Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

**Findings:**
A policy was in place in relation to residents' personal property and possessions dated January 2015. The person in charge confirmed that residents had access to, and retained possession of, personal belongings and finances. The inspector noted that residents' rooms were personalised with belongings and photographs and adequately furnished with clothing stored in individual wardrobes.

Arrangements were in place for the regular laundering of linen and laundry staff spoken with understood the requirements in relation to segregation of laundry items and explained the infection control procedures that were in place. There were no specific personal laundry facilities at the centre and residents were responsible for the management of their own clothing in keeping with the terms of the contract of care.

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:**
Based on a review of the actual and planned rota, and the observation of staff operational levels, the inspectors were satisfied that the staff numbers and skill-mix were appropriate to meet both the assessed needs of the residents and the effective operational management of the service. Staff spoken with were aware of the statutory requirements and standards in relation to the delivery of care and copies of relevant guidance were available at the centre. Staff training records reflected mandatory requirements and training was up to date and in keeping with the profiled needs of residents.

There were written, site specific policies in relation to the recruitment, selection and vetting of staff dated January 2015. However, there were some gaps in documentation and a sample of volunteer files reviewed did not have their roles and responsibilities set out in writing.

Staff spoken with felt supported by both the person in charge and management in relation to their professional training, development and supervision. However, the procedures outlined in the centre's policy around supervision and appraisals, for both staff and volunteers, were not being implemented.

**Judgment:**
Substantially 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:**

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Holy Ghost Residential Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000591</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>25/02/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>23/04/2015</td>
</tr>
</tbody>
</table>

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 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose required amendment to correctly reflect the requirements set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:
The Statement of Purpose will be amended to reflect floor plans, room numbers and conditions of registration.

Proposed Timescale: 30/04/2015

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:
Provide all documentation prescribed under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015

Action Required:
Under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 you are required to: Provide all documentation prescribed under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015

Please state the actions you have taken or are planning to take:
The controlled drugs book will be signed by 2 staff members at beginning and end of shifts i.e. RGN & Carer. We have very little MDA drugs dispensed and any resident prescribed some have documentation page in controlled drug book.

The Care Plans have been greatly expanded and developed over the past year. It is low to independent care. Care of Dying sheets will be completed for all residents within 3 months of admissions. All Resident’s Care Plans contain:

1. Biographical Information/Daily Record Entries
2. Plan of Care
3. Tools/Scores and Interventions

- Mental Test Score (MMSE)
- Fall Risk Score (FRASE)
- Pressure Score (Waterlow)
- Nutrition Score (MUST)
- Mobility Score (Bartel)

The Frase tools that due to photocopying were difficult to read have been replaced with newly typed clearly defined sheets. All Care Plans are to be dated and signed on all the Tool sheets.
Proposed Timescale: 30/04/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Quality management and review systems required further development to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

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 monitored.

Please state the actions you have taken or are planning to take:
Quality management systems are in place and work is being progressed on the implementation of effective monitoring systems in keeping with the low dependency profile of our residents. We have already increased nursing hours into the Home in order to free up the Nurse Manager to manage the extra documentation required and systems to be put in place. We have also retained the services of an expert company in Quality Managements of Nursing Homes to develop programmes in staff training, audits and health/safety. Changes already introduced include:
• Weekly monitoring systems (results reflect the low-independent needs).
• Monthly audits of all practice (the nurse manager’s time is totally involved now with continuous quality management systems). Any issues are documented and discussed at quarterly meetings. They are resolved using the order response sheets with actions, timescales and person responsible documented.
• Health/Safety manual - Maintenance issues are attended to daily through the maintenance book. It is clearly documented and a named person and timescales is included for any issue reported. This Quality Management System is due for its first annual review in November 2015 as it is in place since November 2014.

Care plans are now being reviewed on a four monthly basis - the nurse manager reviews the care plans. We also have a clinical risk register in place.

Proposed Timescale: 30/04/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An annual review of service measured against the standards set by the Authority had not been effectively progressed.

Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

**Please state the actions you have taken or are planning to take:**
Quality management systems are in place and work is being progressed on the implementation of effective monitoring systems in keeping with the low dependency profile of our residents. We have already increased nursing hours into the Home in order to free up the Nurse Manager to manage the extra documentation required and systems to be put in place. We have also retained the services of an expert company in Quality Managements of Nursing Homes to develop programmes in staff training, audits and health/safety. Changes already introduced include:
- Weekly monitoring systems (results reflect the low-independent needs).
- Monthly audits of all practice (the nurse manager's time is totally involved now with continuous quality management systems). Any issues are documented and discussed at quarterly meetings. They are resolved using the order response sheets with actions, timescales and person responsible documented.
- Health/Safety manual - Maintenance issues are attended to daily through the maintenance book. It is clearly documented and a named person and timescales is included for any issue reported. This Quality Management System is due for its first annual review in November 2015 as it is in place since November 2014.

Care plans are now being reviewed on a four monthly basis - the nurse manager reviews the care plans. We also have a clinical risk register in place.

**Proposed Timescale:** 30/11/2015

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**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 complaints policy did not fully describe the appeals process or the relevant time frames for procedures described.

**Action Required:**
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

**Please state the actions you have taken or are planning to take:**
The appeals process time frames for procedures are to be included in the Complaints Policy.
Proposed Timescale: 30/04/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The controlled drugs register was not maintained in keeping with professional guidelines as outlined at schedule 3, para 4 (d) of the regulations.

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:
The controlled drug book will be signed by 2 staff members at the end of shifts morning and night as per regulations.

Proposed Timescale: 30/04/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Care plans did not fully reflect the requirements around schedule 3 paragraph 4 (b) of the regulations, to include dates and records of assessments and/or monitoring actions and reviews.

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:
As discussed in Outcome 2 (The Care Plans)

The Care Plans have been greatly expanded and developed over the past year. It is low to independent care.
All Care Plans are to be dated and signed for on the Tool sheets.
Care of Dying sheets will be completed for all residents within 3 months of admissions.
All Care Plans of supportive living contain:

- Mental Test Score (MMSE)
- Fall Risk Score (FRASE)
- Pressure Score (Waterlow)
- Nutrition Score (MUST)
- Mobility Score (Bartel)
The Frase tools that due to photocopying were difficult to read have been replaced with newly typed clearly defined sheets.

All Care Plans will be reviewed 4 monthly

Proposed Timescale: 30/04/2015

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no fire blanket available in the smoking room as directed by the policy on smoking at the centre.

Action Required:
Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

Please state the actions you have taken or are planning to take:
Fire Blanket will be available in smoking room.

Proposed Timescale: 30/04/2015

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans were not being formally reviewed at intervals not exceeding 4 months.

Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

Please state the actions you have taken or are planning to take:
All Care Plans are reviewed at 4 monthly intervals since December 2014.
### Proposed Timescale: 30/04/2015

#### Outcome 18: Suitable Staffing

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Arrangements for staff supervision in relation to appraisals were not being implemented in accordance with the centre's current policy.

**Action Required:**
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
The Manager will commence the practice of staff appraisals. The documentation is completed for same.

### Proposed Timescale: 31/07/2015

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The roles and responsibilities of volunteers were not always set out in writing.

**Action Required:**
Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

**Please state the actions you have taken or are planning to take:**
The roles and responsibilities of volunteers will be set out for all volunteers and recorded in their placement files by the Nurse Manager.

### Proposed Timescale: 31/07/2015