<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Columban’s Retirement Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000166</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Dalgan Park, Navan, Meath.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>046 909 8232</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:sjbbrennan@gmail.com">sjbbrennan@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Maynooth Mission to China (Incorporated)</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Bernard Mulkerins</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sonia McCague</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<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>33</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
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<tr>
<th>From:</th>
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<tr>
<td>15 April 2015 09:30</td>
<td>15 April 2015 17:00</td>
</tr>
<tr>
<td>16 April 2015 09:30</td>
<td>16 April 2015 16:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

The purpose of this inspection was to inform a decision following an application for the renewal of the registration. The person acting on behalf of the registered provider and person in charge along with the staff team were available in the centre to facilitate the inspection process and attended feedback at the end of the inspection.

The centre is registered for 34 residents and was seeking to renew the registration for 34 residents. On the days of inspection there were 33 residents and one room was vacant.
Notifications of incidents and information received and monitored by the Authority since the last inspection was followed up on at this inspection. This inspection was announced and took place over two days. As part of the inspection the inspector met and spoke with residents, relatives/visitors, and staff members. The Inspector observed practices and reviewed documentation such as care plans, medical records, clinical and operational audits, policies and procedures, contracts of care and staff files.

While the inspector was satisfied that systems were in place to manage and govern this centre, improvements were required to ensure the person acting on behalf of the provider and the person in charge were actively engaged in the governance and management of all investigations and transactions related to the residents group.

Systems were in place to manage risk and safeguard residents while promoting their well being, independence and autonomy; however improvements were required in relation to the implementation of policies and recording of investigations, responses and outcomes.

Training and facilitation of staff was provided relevant to staff roles and responsibilities, improvements in some areas was required and further training was planned and to be carried out.

The environment was safe, suitably decorated, clean, warm and well maintained. The atmosphere was calm while residents were assisted, supervised and supported by the staff team.

Staff including housekeeping, catering, and care staff were knowledgeable regarding resident’s needs, likes and dislikes, and residents were complimentary of staff and expressed satisfaction with the care and services provided.

Overall, compliance was found in many outcomes; however, improvements were required in eight outcomes as follows:

- Outcome 2-Governance and Management
- Outcome 3-Information for residents
- Outcome 5- Documents to be kept in the Designated Centre regarding incident investigations and staff records
- Outcome 7- Safeguarding and safety
- Outcome 10- Notifications
- Outcome 11- Health and social care needs
- Outcome 13- Complaints management and recording
- Outcome 18- Workforce- mandatory and relevant training provided to staff to meet residents care and welfare needs

These matters are discussed in the body of the report and outlined in the action plan at the end of this report for the provider and person in charges’ response.
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:**
There was a written statement of purpose that described the service and facilities that are provided in the centre. The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Staff were familiar with the statement of purpose and function, and reviews and changes in relation to the designated centre were updated and communicated to the Authority accordingly.

**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:
The overall quality of care and experience of the residents was monitored and developed on an ongoing basis and sufficient resources were in place. However, the management systems in place to ensure the effective delivery and governance of safe and appropriate care services in a timely manner required improvement which is discussed further in outcomes 7 under protection and 13 related to complaints management.

There was a clearly defined management structure in place within the centre, however, the lines of authority and accountability to include persons external to the services undertaking specific roles and responsibilities related to care and welfare provision had not been clearly defined in the statement of purpose or within the management structure as persons participating in the management of the centre. The governance and management of all procedures and systems described did not sufficiently demonstrate effective and consistent delivery of care in accordance with the statement of purpose and did not ensure that some aspects of the service provided were effectively monitored by the provider and person in charge.

There was evidence of consultation with residents and their representatives, however, inconsistencies were found in relation to the consultation and decision making processes. In some instances family members were consulted with in relation to decision making processes and in other instances the religious community were consulted. Arrangements to clarify procedures in relation to all those to be involved in or informed of significant events, incidents and decisions regarding the care and welfare of residents and associated communications required review and improvement to include the wishes of the resident and ensure consistency. The agreed process requires an appropriate written policy to guide the agreed procedures of communication to be adopted and implemented in practice.

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:
The centre had a resident guide and information booklets that described the services
and ethos of the centre.

A written contract which included details of the overall services to be provided for residents’, which included the absence of any fee charged, was available in the centre. In the sample reviewed, contracts had been signed by the resident and the person nominated on behalf of the provider.

A limited amount of information was available within the contract of care and the arrangements in place to reflect the individual’s source of funding, payment or refund of monies arrangements, transactions to be undertaken and persons involved for each resident was not in accordance with the policy and audit guide regarding residents personal property and possessions.

The person in charge told the inspector that he was not involved in the management of resident’s finances to ensure that each resident had access to and retained control or was provided with appropriate support over his personal property, possessions and finances.

The inspector was informed, by the person (bursar) who assumed responsibility of resident finances, that all residents including those in receipt of financial support under the Nursing Homes Support Scheme were supported financially by the provider with services as and when required. Any essential care or recommended requirement for residents was facilitated and paid for by the provider and managed via a bursar’s office located external to the centre, but on the campus.

Other additional services such as recreational activities determined or chosen by a resident were paid by the resident from their personal monies.

**Judgment:**
Non Compliant - Moderate

**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 designated centre was managed by a suitably qualified and experienced nurse with responsibility for the provision of the service. The person in charge had a post registration management qualification in healthcare and told the inspector he had recently completed a gerontology course.
There was a defined management structure which identified lines of authority and accountability within the centre. However, as outlined in outcomes 2 and 7, improvements were required in relation to the governance and management of some aspects of the service provision as the person in charge was not sufficiently engaged in the governance, operational management and administration of all incidents, investigations and financial transactions undertaken in relation to residents within the centre.

The person in charge demonstrated that he was committed to improving governance and management arrangements to ensure outcomes for the resident group was maintained in accordance with the Health Act 2007 requirements.

The person in charge demonstrated sufficient knowledge and awareness of the legislation requirements and was conscious of his statutory responsibilities. He worked on a full time basis and had a deputy to assume responsibility of the designated centre in his absence. Both were on duty during this inspection along with the person nominated on behalf of the provider who works in the centre on a daily basis.

Residents were familiar with the person in charge and were complimentary of the staff team.

**Judgment:**
Substantially Compliant

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

**Findings:**
Records listed in schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended were retrievable, however, some records were not available or maintained in the centre as required.
Records including the statement of purpose, residents guide, previous inspection reports, and directory of residents, emergency procedures, and clinical documents along with general records related to residents and staff were made available for inspection. However, records of investigations carried out following a complaint were not available in the centre for inspection as required.

The designated centre had written operational policies referenced in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Schedule 5 policies and procedures were made available and the inspector reviewed a number of policies which included health and safety, responding to emergencies and risk management policies and procedures, management of complaints, prevention, detection and response to abuse, personal property and possessions, use of restraint and end of life care and found that while they guided practice they had not been consistently implemented, were incomplete and not demonstrated in practice found in the centre. Improvements were required to ensure policies in relation to the management of allegations of abuse, complaints, personal property and possessions (finances), pressure ulcers and wounds and use of restraint was in accordance with national standards and was appropriately implemented, reviewed and maintained within this centre.

Staff rosters and training records were maintained in the centre. A review of staff files found systems were in place for recruitment, selection and appraisal of staff, however, the files reviewed were not completed in accordance with schedule 2 requirements and these records were not kept in the designated centre as required by regulations. The provider nominee and person in charge acknowledged this and were to take appropriate action to address the matters following feedback. This is discussed further in outcome 18.

General and clinical records were found to be reasonably well maintained, however, some care records were not updated to reflect current status and interventions in practice. An audit record maintained over a four week period to reflect the number of residents with pressure ulcers/wounds was found to be inaccurate and therefore unreliable for its intended purpose as a quality indicator and audit tool. Records pertaining to assessments resulting in the withholding of medication had not been recorded or represented in a care plan.

All records of medical referrals, reviews and follow-up appointments were not recorded. Medical reviews said to have occurred for one resident had not been recorded in the previous six months.

Records to include investigations details and results related to an incident of abuse or harm were not maintained or available in the centre as required.

Records related to incidents of pressure ulcers and treatment provided to a resident was incomplete. Specific details (date, time and person) of any plan relating to a resident in respect of specialist health care (tissue viability) had not been adequately recorded.

Monetary transactions undertaken between and on behalf of residents was examined
and found to be well recorded, however, the management of residents property was maintained by external parties not involved in the operation of the centre and records were not maintained in the centre as required.

A copy of a written declaration of insurance cover was made available in accordance with regulatory requirements.

Residents could access their records on request and were satisfied with the arrangements in place.

**Judgment:**
Non Compliant - Moderate

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**Outcome 06: Absence of the Person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The provider nominee and person in charge were aware of their responsibility to notify the Chief inspector of a proposed or unplanned absence of the Person in Charge.

There were suitable arrangements in place for the management of the designated centre in the absence of the Person in Charge; however, an absence for more than 28 days was not expected.

**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:
Measures to protect residents being harmed or suffering abuse were in place, however improvements were required as all incidents, allegations or suspicion of abuse had not been recorded and appropriately investigated by the person in charge and responded to in line with the centre’s policy and to the satisfaction of the resident/representative.

A policy on, and procedure for the prevention, detection and response to abuse was in place. However, this policy had not been implemented in practice following an allegation of abuse. The inspector found that the person in charge and provider had not been sufficiently involved in an investigation of an alleged incident of abuse and had not been sufficiently updated by those involved in the investigation process. Information and investigation details or records associated with an alleged incident were not maintained in the centre to demonstrate that safeguarding and protection measures for residents was in place and to show that appropriate action and response was taken. Overall, the person in charge was not sufficiently engaged in investigation of all incidents of abuse occurring or alleged, and was not sufficiently involved in the governance of financial transactions undertaken in relation to residents with cognitive impairment as indicated in the policy and audit tool regarding personal property and possessions to ensure adequate safeguarding measures were maintained to protect residents from abuse.

Staff had received training in adult protection and safeguarding measures to protect residents from harm and abuse and knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. The inspector found that the person in charge and provider had not been sufficiently involved in an investigation of an alleged incident of abuse and was not sufficiently involved in the governance of financial transactions undertaken in relation to residents with cognitive impairment as indicated in the policy and audit tool regarding personal property and possessions to ensure adequate safeguarding measures were maintained to protect residents from abuse.

Residents who communicated to and with the inspector said they felt safe and able to report any concerns.

The registered provider and person in charge have responsibility to monitor the systems in place to protect residents. Systems in place to safeguard residents’ including money and personal property required improvement and oversight by the person in charge and/or persons participating in the management of the service to ensure reasonable measures were in place that included protection of residents with cognitive impairment to ensure appropriate arrangements were adhered to in line with best practice guidelines.
Efforts were being made to identify and alleviate the underlying causes of some residents’ behaviour that was challenging and training programs were provided previously to inform and support staff in practice. However, further training was required to ensure all staff including recently recruited staff have training to equip them where a resident behaves in a manner that is challenging or poses a risk to themselves or to other persons.

Where restraint was used attempts were made to ensure practice and measures in use were in line with the national policy on restraint. There was evidence that alternative measures had been trialled prior to measures in use at the time of the inspection.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
The health and safety of residents, visitors and staff was promoted in this centre.

The centre had policies and procedures relating to health and safety.

A current health and safety statement was available and risk management procedures were in place supported by a policy to include items set out in regulation 26(1).

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property.

Satisfactory practices and procedures were found in relation to the prevention and control of healthcare associated infections.

Arrangements were in place for safety representatives to meet, however records related to these meetings did not include or reflect outcomes of investigations or risk assessments maintained to inform learning. The inspector was informed that learning from serious incidents/adverse events involving residents was discussed with staff and measures had been put in place which was confirmed during discussions with staff following a review of the complaints records, however, a record to reflect control measures in place was not maintained.

Audits of clinical assessment outcomes and incidents such as falls, pressure ulcers and
restraint use were maintained which demonstrated a strategic approach to evaluating resident outcomes, and to highlight identified risk. A reduction of likely incidents and events was reported. However, some inaccuracies in the record maintained related to pressure ulcers was found as previously reported in outcome 5.

Reasonable measures were in place to prevent accidents in the centre and within the grounds. Environmental health and safety audits were maintained and recorded. Staff were trained in moving and handling of residents, infection control and fire safety. However, not all staff had up to date training or experience in fire safety evacuation procedures at night.

A fire safety register and associated records were maintained and reasonable precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced appropriately and serviced on a regular basis. Means of escape and fire exits were unobstructed and emergency exits were clearly identified. Each resident had a personal emergency evacuation plan, and staff were knowledgeable regarding emergency procedures to be adopted in the event of a fire alarm.

Judgment:
Non Compliant - Minor

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
There were written operational policies relating to Medication management in relation to practices and procedures associated with the ordering, prescribing, and administration of medicines to residents.

The storage and handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. A system was in place to ensure medication errors were monitored, recorded and dealt with in accordance with the policy to inform learning and improvement.

A system was in place for reviewing and monitoring medication management and practices. Medication prescriptions and stock audits were carried out by a pharmacist, who was available to residents, and management team, and medication reviews undertaken included communication to and from the GP.
**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 not maintained and, where required, had not been notified to the Chief Inspector as required.

Incidents of serious injuries (pressure ulcers, wounds/cuts and hospital treatment) and an allegation of abuse had not been notified to the Chief Inspector as required.

**Judgment:**
Non Compliant - Major

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**Outcome 11: Health and Social Care Needs**

Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support

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

**Findings:**
Residents’ health care needs were met through timely access to GP services and appropriate treatment and therapies were facilitated in most cases. While residents had reasonable access to most allied health care services, recommendations made for assessment of residents by external professionals such as a tissue viability professional had not been facilitated for some residents and this service was described as limited despite up to four residents having had pressure ulcers and significant extensive wounds post operatively.
In the main, care and services delivered encouraged health promotion and early detection of ill health facilitating residents to make healthy living choices.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was maintained and shared between providers and services.

In the main, assessments and clinical care accorded with evidence based practice. Residents had been assessed to identify their individual needs and choices. Each resident had care plans in place. While clinical, health and social care assessments were maintained, improvements were required to ensure assessments undertaken were complete and linked to an appropriate care plan. In the sample of care plans reviewed some interventions described in practice were not reflected. Reviews of care plans and updating of information following changes had not been adequately maintained to guide or reflect current practice. Some needs of residents did not have a specific plan of care to ensure effective monitoring of behaviours and frequency of behaviours described that challenged.

In the sample of care plans reviewed the inspector found evidence that interventions in use and described by staff were not sufficiently detailed in the related care plan. Records pertaining to assessments resulting in the withholding of medication had not been represented in a care plan.

The use of restraint was limited. Consultation with residents and representatives was evident, to demonstrate/acknowledge understanding that measures were used that may impinge freedom of residents movement such as bedrails.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. Activity and care staff interacted well with residents while facilitating engagement in meaningful activities within the centre and externally. Residents and relatives were in the main satisfied with activities provided.

**Judgment:**
Non Compliant - Moderate

**Outcome 12: Safe and Suitable Premises**

The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The design and layout of the centre was suitable for its stated purpose and met residents’ individual and collective needs in a comfortable, meaningful and homely way. The centre was clean, warm, well ventilated where necessary and suitably decorated.

All resident accommodation was located on the ground floor. The centre has 34 single bedrooms with full en-suite facilities that were wheelchair accessible and comprised of a toilet, wash hand basin and shower. Adequate communal areas, supports and aids, along with kitchen, dining, sitting room and sanitary facilities were available to meet the needs and choices of the resident group.

A maintenance system was in place and a maintenance staff member was seen working in the centre during this inspection. Staff told the Inspector that internal and external maintenance support was available and provided as required. Residents bedrooms were personalised, and could accommodate furniture and equipment to support their preferences and needs/choices.

Residents had access to a safe, suitable and well maintained enclosed outdoor courtyard. Additional surrounding gardens and grounds shared by the community were also available to residents if desired.

There was appropriate equipment for use by residents or staff which was maintained in good working order. Equipment, aids and appliances such as hoist, call bells, and hand rails were in place to support and promote the full capabilities of residents. Service records were available to demonstrate equipment was maintained in good working order. Staff were trained to use equipment and equipment was observed to be used appropriately, and stored safely and securely.

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:
Policies and procedures were in place for the management of complaints. The complaints procedure was displayed in the reception area of the centre. The person in charge was the nominated complaints officer and an appeals procedure was in place.

While a record of all complaints was logged, the detail of investigations, responses and outcomes of complaints was not maintained in accordance with the centre’s policy and as required within the regulations.

The inspector was informed by the person in charge that the complaints of each resident, family member, advocate or representative, staff member and visitors are listened to and acted upon. However, a record to confirm this and to demonstrate actions taken was not maintained.

Residents and those who completed questionnaires and who were spoken with during the inspection were aware of how to make a complaint and were satisfied with arrangements in place and felt supported in raising issues of concern.

**Judgment:**
Non Compliant - Moderate

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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:**

At the time of inspection the inspector was informed that there was one resident receiving end of life care and all residents had been consulted with in this regard.

A policy and operational procedures for end of life were in place and available to guide staff and inform care practices. Decisions regarding care and treatment decisions at the end of life were recorded and the inspector found evidence that resident wishes were discussed with staff and the GP, and were recorded and reviewed accordingly regarding preferred religious, spiritual and cultural practices.

Engagement with residents and their family members, medical and palliative care providers was facilitated and evident in the sample of care records reviewed.

The person in charge and deputy informed the inspector that residents and their family were supported with overnight facilities and refreshments provided as required.
Judgment: Compliant

**Outcome 15: Food and Nutrition**

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

Theme:
Person-centred care and support

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

**Findings:**
The inspector was satisfied that residents were provided with a nutritious and varied diet that offered choice. Mealtimes observed were unhurried social occasions that offered opportunities for residents to interact with each other and staff. Staff were seen assisting and supporting residents appropriately, in a discrete and respectful manner.

Staff preparing, serving and assisting with meals and drinks were familiar with residents dietary requirements, needs and preference. Staff offered choices and sought resident satisfaction levels during meals requested and provided. Systems were in place to ascertain residents’ views and preferences for a varied menu on a daily basis. Environmental health inspections were carried out and reports indicating good compliance were available.

There was a policy in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Staff were knowledgeable and described practices and communication systems in place to monitor residents that included regular weight monitoring, recommended food/fluid consistency and arrangements for intake monitoring and recording.

Access to dental, dietician and speech and language therapists was available and provided on a referral basis based on an assessment of need or change in condition.

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:
Adequate arrangements were in place for consultation with residents on the running of the service.

A resident’s forum met on a regular basis and minutes of meetings were available to demonstrate this.

Residents confirmed that their rights were supported. Family, members from the religious community visiting, religious ceremonies and daily mass formed an important part of residents' lives.

The inspector found that residents' privacy and dignity was respected. Staff were observed engaging, communicating and announcing themselves to residents appropriately. Bedrooms were of single occupancy and opportunity to meet relatives/visitors in private was available to residents external to or within the privacy of their bedrooms.

Residents had a personal television and/or radio in their room, access to daily newspapers and could receive or make telephone calls in private. Communication and notice boards were provided with information regarding forthcoming events and local news items.

Staff described how they promoted links with the local community through outings, family involvement and arrangement for integration within the community.

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 and procedure described on management of residents’ personal property and possessions, referred to previously.

The space provided for residents’ personal possessions and storage of their own clothes was suitable and sufficient, and well maintained. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

There were adequate laundry facilities with systems in place to ensure that residents’ own clothes were returned to them. While residents could retain control over their own possessions and clothing, they could make alternative arrangements for their own laundry if they wished to.

**Judgment:**
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

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

**Findings:**
Staff actual and planed rosters were available reflecting the staffing provision and arrangements in place.

Staff were seen supporting, assisting or supervising residents accordingly in an appropriate and engaging manner.

Residents told the inspector they felt supported by staff that were available to them as required.

The inspector was satisfied that the number and skill mix of staff on duty and available to residents during inspection was sufficient to resident numbers and dependency.
levels/needs.

A staff training record was maintained and a program was planned and available for 2015. Mandatory training, facilitation and education relevant to the resident group had been provided; however, not all staff had attended mandatory and relevant training as required to meet resident’s needs such as fire evacuation drills/training and pressure ulcer prevention and wound management.

Evidence of current professional registration for all rostered nurses was made available. Recruitment procedures were in place and samples of staff files were reviewed. The inspector found incomplete references; garda vetting/clearance and photographic identification in the sample of staff files examined against the requirements of schedule 2 records, referred to in outcome 5.

Volunteers were not actively engaged in the centre.

**Judgment:**
Non Compliant - Moderate

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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:**

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

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<thead>
<tr>
<th>Centre name:</th>
<th>St Columban's Retirement Home</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000166</td>
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<tr>
<td>Date of inspection:</td>
<td>15/04/2015</td>
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<tr>
<td>Date of response:</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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
While there was a defined management structure in place within the centre, the lines of authority and accountability to include persons external to the services undertaking specific roles and responsibilities related to care and welfare provision had not been clearly defined in the statement of purpose or within the management structure.

Action Required:

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

**Please state the actions you have taken or are planning to take:**
We have amended our statement of purpose to clarify management structure and reporting roles within the centre.

**Proposed Timescale:** 29/05/2015

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The governance and management of all procedures and systems described did not sufficiently demonstrate effective and consistent delivery of care in accordance with the statement of purpose and did not ensure that some aspects of the service provided were effectively monitored by the provider and person in charge.

**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:**
Going forward, governance and management of all procedures and systems will be delivered as described in statement of purpose. Provider and person in charge will effectively monitor all aspects of the service.

**Proposed Timescale:** 29/05/2015

**Theme:**
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inconsistencies were found in relation to the consultation and decision making processes. In some instances family members were consulted with in relation to decision making processes and in other instances the religious community were consulted.

A written policy to guide the best practice and agreed procedures of communication to be adopted and implemented was not in place in this regard.

**Action Required:**
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation
23(1)(d) in consultation with residents and their families.

Please state the actions you have taken or are planning to take:
We are currently seeking clarity as to who should be the nominated next of kin. This will be reflected in our nursing documentation.

Proposed Timescale: 30/06/2015

Outcome 03: Information for residents
Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A limited amount of information was available within the contract of care and the arrangements in place to reflect the individual’s source of funding, payment of monies or refund arrangements, and transactions to be undertaken by persons in accordance with the policy and audit guide regarding residents personal property and possessions, and as required by the Health Act 2007.

Action Required:
Under Regulation 24(2)(c) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of the arrangements for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangements for the payment or refund of monies.

Please state the actions you have taken or are planning to take:
Contract of care will be amended to include details of Nursing Homes Support Scheme, plus payment or refund of monies. Bursar will be informed of the details of contract

Proposed Timescale: 30/06/2015

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:
Policies including Schedule 5 policies of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) had not been consistently implemented, were incomplete and not reflective in practice.

Improvements were required to ensure policies in relation to the management of allegations of abuse, complaints, personal property and possessions (finances), pressure ulcers and wounds and use of restraint was in accordance with national
standards and was appropriately implemented, reviewed and maintained within this centre.

**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:**
We have sourced a Tissue Viability Nurse, TVN, to support our work in Wound Management. We are now using a new assessment tool for the classification of pressure ulcers, this is based on the recommendations of the European Pressure Ulcer Advisory Panel grading system.
We are reviewing our Policies to ensure they are complete and reflective in practice.
We ran Elder Abuse training 3/4/15
Challenging Behaviour training 24/02/15
Wound care training 9/05/15
We have arranged MAPA/Behaviours that Challenge Training for 13th and 20th of June.

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Records listed in schedule 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) were incomplete, not available or not maintained in the centre as required.

Staff files reviewed were not completed in accordance with schedule 2 requirements and these records were not kept in the designated centre as required by regulations.

Some care records were not updated to reflect current status and interventions in practice.

An audit record maintained over a four week period to reflect the number of residents with pressure ulcers/wounds was found to be inaccurate and therefore unreliable for its intended purpose as a quality indicator and audit tool.

Not all records pertaining to assessments resulting in the withholding of medication had not been recorded or represented in a care plan.

Not all records were maintained of medical referrals, reviews and follow-up appointments were not recorded. Medical reviews said to have occurred for one resident had not been recorded in the previous six months.

Records to include investigations details and results related to to a complaint in relation to an incident of abuse or harm were not maintained or available in the centre as
required.

Records related to incidents of pressure ulcers and treatment provided to a resident was incomplete. Specific details (date, time and person) of any plan relating to a resident in respect of specialist health care (tissue viability) had not been adequately recorded.

Monetary transactions undertaken between and on behalf of residents was examined and found to be well recorded, however, the management of residents property was maintained by external parties not involved in the operation of the centre and records were not maintained in the centre as required.

**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:**
Human Resource Department has reviewed staff files to include all data as per Schedule 2 requirements. Copy of files will be kept in centre.

**Proposed Timescale:** 30/06/2015

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**Outcome 07: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
All staff including recently recruited staff have not received training to equip them to identify and alleviate the underlying causes of some residents’ behaviour or where a resident behaves in a manner that is challenging or poses a risk to themselves or to other persons.

**Action Required:**
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

**Please state the actions you have taken or are planning to take:**
Staff received training in Challenging Behaviour 24/02/15. We acknowledge there is a need to develop this training and will be providing training courses for all staff. These courses will be facilitated by a Training College. Courses booked for 13th and 20th of June.
Proposed Timescale: 20/06/2015  
Theme: Safe care and support  

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge was not sufficiently engaged in investigation of all incidents of abuse occurring or alleged, and was not sufficiently involved in the governance of financial transactions undertaken in relation to residents with cognitive impairment as indicated in the policy and audit tool regarding personal property and possessions to ensure adequate safeguarding measures were maintained to safeguard residents.

Action Required:  
Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

Please state the actions you have taken or are planning to take:  
The Bursar will continue to manage residents finances. However, the person in charge or nominated deputy will monitor all financial transactions and record of same will be kept in centre.

Proposed Timescale: 30/06/2015  
Theme: Safe care and support  

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The management were not up to date in relation to the status of the allegation of abuse and records were not available within the centre to demonstrate that an investigation was undertaken or that sufficient action was taken or had been completed to date.

Action Required:  
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

Please state the actions you have taken or are planning to take:  
We acknowledge not all records were available in the centre, as we had been advised that the Columban Protection Officer was to handle the investigation. Going forward Retirement Home Management will be involved in all investigations concerning issues within the Centre.

Proposed Timescale: 29/05/2015  

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:
All staff had not received up to date training or experience in fire safety evacuation procedures at night.

Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
Fire Training was provided for staff on the 4th and 16th of March 2015. This was provided by fire officer from Dublin Fire Service. A live evacuation drill was carried out on the morning of 14th of April, the drill was repeated following staff meeting that afternoon. Person in charge will check staff knowledge of fire procedures and provide updates as required.

Proposed Timescale: 29/05/2015

Outcome 10: Notification of Incidents

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A record of all incidents occurring in the designated centre was not maintained and, where required, had not been notified to the Chief Inspector as required.

Incidents of serious injuries (pressure ulcers, wounds/cuts and hospital treatment) and an allegation of abuse had not been notified to the Chief Inspector as required.

Action Required:
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

Please state the actions you have taken or are planning to take:
Notifications have since been sent in. Going forward all required notifications will be sent within the designated time frames.

Proposed Timescale: 29/05/2015
### 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:**
Improvements were required to ensure assessments undertaken were complete and linked to an appropriate care plan.

In the sample of care plans reviewed some interventions described in practice were not reflected.

In the sample of care plans reviewed the inspector found evidence that interventions in use and described by staff were not sufficiently detailed in the related care plan.

Records pertaining to assessments resulting in the withholding of medication had not been represented in a care plan.

**Action Required:**
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

**Please state the actions you have taken or are planning to take:**
Care plans have been reviewed and amended to include detailed intervention.

**Proposed Timescale:** 29/05/2015

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Reviews of care plans and updating of information following changes had not been adequately maintained to guide or reflect current practice.

Some needs of residents did not have a specific plan of care to ensure effective monitoring of behaviours and frequency of behaviours described that challenged.

**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:**
Care plan has now been reviewed and updated to reflect current practice.
Staff will be attending further training in Challenging Behaviour. Courses booked for
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Recommendations made for assessment of residents by external professionals such as a tissue viability professional had not been facilitated for some residents.

Tissue viability service was described as limited despite up to four residents having had pressure ulcers and one with significant and extensive wounds post operatively.

**Action Required:**
Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

**Please state the actions you have taken or are planning to take:**
We have now sourced a Tissue Viability Nurse, (T.V.N.), Who has attended on-site training for nursing staff.

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<td><strong>Outcome 13: Complaints procedures</strong></td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The detail of investigations, responses and outcomes of complaints was not maintained in accordance with the centre’s policy and as required within the regulations.

**Action Required:**
Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

**Please state the actions you have taken or are planning to take:**
Whilst a complaint/incident log was available in the centre, we acknowledge the need to use a more detailed form. We are currently reviewing same.
Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had attended mandatory and relevant training as required to meet resident’s needs such as fire evacuation drills/training, pressure ulcer prevention and wound management, and the management of behaviours that challenge.

Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:
All training referred to above had been provided to all staff. Records of training were available in the centre including attendance sheets. We acknowledge the need to upskill our wound management programme and have sourced tissue viability nurse to facilitate same. Wound Care training session held for Nurses 9th May 2015 MAPA/ Behaviours that challenge training courses arranged for 13th and 20th June

Proposed Timescale: 20/06/2015