

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Mary's Residential Care Centre
Centre ID:	OSV-0000726
Centre address:	Shantalla Road, Galway.
Telephone number:	091 540 500
Email address:	stmaryscarecentre@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St Mary's Nursing Home Limited
Provider Nominee:	Martin Breen
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	59
Number of vacancies on the date of inspection:	1

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 August 2015 11:30 To: 05 August 2015 18:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced monitoring inspection and took place over one day. It was undertaken to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). It was the fifth inspection of this centre undertaken by the Authority. The inspector observed the delivery of care including social care and reviewed documentation such as care plans, accident/incident reports and policies and procedures. The inspector talked with residents, staff members and the provider throughout the inspection and viewed the premises.

St. Mary's is a purpose designed building organised on two levels, and set in the extensive mature grounds of St. Mary's College. The centre is located close to Galway city centre. It can accommodate 60 residents. All bedrooms are single and have complete en suite facilities of an assisted shower, toilet and wash hand basin. There are a variety of communal sitting and dining spaces provided on both floors. There are assisted toilets adjacent to these day areas located on each floor. The

centre was found to be in very good decorative condition, well maintained and decorated to a high standard. All areas were clean and no hazards were observed when the inspector viewed the building.

The inspector spoke with three groups of residents including one group involved in a painting class. Other residents were spoken to individually. All residents described the service in positive terms. Staff were described as "caring and kind", "helpful and encourage us to do as much as we can for ourselves including being interested in the outdoors". They said that food was "excellent and that good choices are offered at each meal time" and also said "the staff will prepare anything you want for you". Residents also said they enjoyed a wide range of interesting activities and valued the efforts made to ensure that life in the centre was interesting and stimulating for them. There was a daily exercise session and Mass was celebrated daily. There was a regular art group and the attendance was noted to be very good. The gardens were safe and secure and used regularly by residents who said they liked to sit and enjoy looking at the plants and the hens and turkeys. Residents said they felt safe and attributed this to the competence of staff and their professional manner.

Care, nursing staff and ancillary staff were well informed and conveyed a comprehensive understanding of individual residents' needs, wishes and preferences. They described how independence and well being was promoted by supporting residents to continue to do as much as possible for themselves by encouraging residents to remain stimulated and engaged with their treatment programmes and daily activities. Two residents told the inspector about their health care needs and said they had made significant improvements since they had moved to the centre. They described improvements in mobility and appetite and said that they were able to participate and enjoy their activities and visits. Residents had access to doctors and to the services of allied health professionals. Care plans outlined health and social care needs and were based on a range of evidence based assessments. The inspector found that the standard of care planning was good, care plans reflected the needs of residents accurately and also reflected the health needs being addressed by doctors and managed by medication. Residents who had dementia were noted to be well supported by staff who were familiar with their abilities as well as their needs for support.

Systems were in place to ensure the environment was safe for residents, staff and visitors. There were policies, procedures, systems and practices in place to assess, monitor and analyse potential risks and control measures were in place to ensure risk was minimised. The fire safety arrangements were satisfactory and staff were familiar with the fire safety routines, the location of fire fighting equipment and the actions they were required to take should the fire alarm be activated. There was an ongoing programme of decoration and maintenance.

The person in charge and the staff team demonstrated good knowledge of the legislation and standards throughout the inspection. They were aware of the legislative responsibilities of the person in charge and provider including the notifications that had to be made to the Authority. The inspector found that the person in charge provided good leadership and guidance to staff. She was well supported by the provider who was committed to ensuring that residents had a

quality service that met their needs. The provider had a regular presence in the centre and attended the feedback meeting at the conclusion of the inspection. The inspector found that there was a strong commitment from all staff to ensure compliance with legislation and to ensure residents had a life style that gave them opportunities for enjoyment and fulfilment as well as meet their care needs.

The last inspection of the centre was conducted on 26 and 27 March 2014 and was undertaken to inform a registration renewal decision. There were six actions outlined for attention and the inspector found that these had been addressed. There were no breaches of the regulations identified during this inspection.

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 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):

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

Findings:

Effective management systems and sufficient resources were in place to ensure the delivery of care that met appropriate standards of quality and safety. The quality of care and experience of the residents was reviewed regularly through an audit system which was based on a formal review of areas such as medication management, care plans and end of life care. The inspector found that quantitative data was supplemented by qualitative information based on reflective practice models. For example, all deaths in the centre were reviewed by staff to identify where improvements could be made. Areas where shortfalls were identified were addressed. Reviews identified where staff had been able to follow best practice standards with good outcomes for residents. There were reports of all audit activity available.

The audit activity included consultation with residents and their families as required by regulation 23-Governance and Management. The inspector was told that formal meetings with residents and relatives took place regularly.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

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

Findings:

An action plan in the last report required that the provider identify any services for which additional charges applied. This had been addressed. There were agreed written contract in place which included details of the services to be provided to the resident, the fee payable by the resident and any charges made for additional services.

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 is a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service and she works full time in the centre.

She demonstrated good clinical knowledge and understanding of her legal responsibilities as required by the regulations and standards. She had engaged in continuous professional development and she demonstrated good knowledge of areas such as nutrition, wound care and social care. She confirmed that she kept up to date by attending training and conferences on topics of interest.

Residents that the inspector talked to knew the person in charge and said that she walked around most days and chatted to everyone. They said they could talk to her any time in her office and were confident that she would address any matters brought to her attention.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures to protect residents being harmed or suffering abuse were in place. The centre had a policy and procedures for the prevention, detection and response to allegations of abuse. Staff had received training in adult protection to safeguard residents and to protect them from harm and abuse.

Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including how incidents were to be reported. They described being diligent about incidents such as unexplained bruising and investigating any such incidents. Relatives confirmed to the inspector that staff informed them promptly of any injuries or relevant matters that presented.

There was a visitors' record that enabled staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents. This was noted to be signed by visitors entering and leaving the building. Residents the inspector spoke to said that they felt safe in the centre. They indicated that the availability and diligence of staff and the call bell system contributed to their sense of security.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails was underpinned by an assessment and was regularly reviewed. The inspector noted there was a low incidence of bedrail use .

There were no residents with fluctuating behaviour patterns or challenging behaviour when this inspection was undertaken..

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

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

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

Findings:

There were systems in place to promote and protect the safety of residents, staff and visitors to the centre. The centre had an up to date policy on risk management which had been reviewed in March 2015. The risk management arrangements in place were overseen by the provider and person in charge. There were systems organised to promote and protect the safety of residents, staff and visitors to the centre.

There was good emphasis on general hazard identification and a risk register that outlined the varied risk areas and preventive actions was available. For example the risks associated with slips, trips and falls, the transfer of residents using equipment, self harm, kitchen activities and infection control were outlined with the preventative measures in place.

There were systems to ensure good infection control management and this reflected good practice guidance. There were hand sanitising solutions and hand gels available throughout the centre. These were noted to be used frequently by staff as they moved from area to area and from one activity to another. Hand washing and hand drying facilities were located in toilet and sluice areas. There were supplies of personal protective equipment readily available to staff on both floors. Staff were aware of the prevention measures to control an outbreak of influenza and the take up of the vaccine by staff was reported as high the person in charge told the inspector. Nursing staff were aware of the protocol in relation to infection control and the use of equipment such as glucometers. Residents who used such equipment were provided with their own machine to prevent cross infection.

Clinical risks such as skin fragility, tissue viability, compromised nutrition status and behaviour that presented challenges were described and monitored. The risks presented and the control measures in place were described in the relevant areas of care records.

Measures were in place to prevent accidents in the centre and grounds. The building was clutter free and there were grab rails in hallways and in bathrooms and toilets. There was rigorous monitoring of falls and falls assessments were reviewed following each incident. There was a system to identify residents most at risk of falls to alert staff to their degree of vulnerability. A review of falls was undertaken every six months. The time, place, use of psychotropic medication and presence of staff was included in the review and prevention measures were put in place to prevent further falls incidents. Moving and handling assessments were available, were up to date and reflected resident's dependency and capacity to mobilise.

Accidents and incidents were recorded and there were good descriptions of the events that happened and the measures taken to prevent recurrences. All unwitnessed falls were followed up with assessments of neurological observations to detect signs of change and prevent further injury. There were moving and handling procedures in place and all staff were trained in moving and handling of residents. Equipment was noted to be in good condition and regularly serviced.

The fire safety arrangements were satisfactory. There was a fire safety procedure and clear floor plans of the building that identified the routes to the fire exits were on display. A fire register was in place and this described the regular checks of fire fighting and fire alert equipment as well as fire drills and unplanned activations of the fire alarm.

The scheduled inspections and services of equipment were up to date and recorded. The fire exits were checked daily to ensure they were unobstructed. The fire alarm was activated weekly and fire doors were checked to ensure that they closed fully to prevent fire. An action plan in the last report required that internal fire doors be reviewed to ensure they closed fully and this had been addressed. The records of fire safety checks were up to date.

Staff could describe fire safety measures. Regular fire drills were completed and they knew how to respond when the fire alarm was activated. The centre is compartmentalised and progressive evacuation through each set of fire doors is the way to evacuate the building the inspector was told. A local fire officer had visited the centre the previous week. The fire alarm was serviced quarterly and was last serviced in July 2015. A list of fire fighting equipment was available and was serviced on an annual basis as required. The last service had been in September 2014. There were adequate means of escape and fire exits were noted to be unobstructed. Staff training was up to date and the schedule for training included providing training on what to do if clothing caught fire as required by regulations.

Judgment:

Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

The inspector found that there were safe systems in place for the management of medication. There was a clinical room where medication trolleys were stored. The fridge used to store medication was clean and functioning at an appropriate temperature which was checked and recorded daily by staff.

Staff were well informed about the medication in use and residents' medication regimes. The inspector found that resident's medication was reviewed by doctors, specialist services such as mental health and nursing staff. There was emphasis on ensuring that medication no longer required by residents was discontinued.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

There was one action outlined in the previous inspection report. This related to inappropriate disposal of medication and had been addressed. Nurses placed emphasis on observing residents responses to medication and recorded these observations in the daily records.

The inspector found that medication management was in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. Staff had completed medication management training to enable them to provide care in accordance with contemporary evidenced-based practice. There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents. The prescription sheet included all the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. In instances where medication was transcribed two nurses signed the administration record or the record was signed by a nurse and the doctor.

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:

There were 59 residents in the centre during the inspection and one resident was receiving end of life care. There were 36 residents assessed as having maximum or high level care needs, 15 had medium level needs and 8 were assessed as low dependency. The majority of residents were noted to have a range of complex healthcare issues and were being treated for more than one medical condition. Over a third of the resident group had problems associated with confusion or dementia.

The arrangements to meet residents' assessed needs were set out in individual care plans which were maintained on a computer programme. Recognised assessment tools

were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, risk of developing pressure area problems and moving and handling requirements. Four resident's care plans and certain aspects of other care plans related to the management of nutrition, complex care and dementia were reviewed. Care plans for residents assessed as high falls risk and who used bed rails were also examined.

The inspector found that good standards of personal and nursing care were in place and this was supported by timely medical and allied health professional input when required. The risk assessments completed were suitably linked to care plans where a need/risk was identified. Staff conveyed good knowledge of the personal choices and wishes expressed by residents in relation to how they spent their time, the activities they attended and how they wished their personal care to be addressed. The inspector saw evidence that the ethos of person centred care was promoted each day. Residents could for example get up at times of their choice and could remain in bedroom areas or go to the communal areas to meet others or take part in activity. The sitting areas were well supervised and the inspector observed that staff greeted residents and engaged them in conversation when they entered each area. There was an emphasis on ensuring that all residents were engaged and included in interactions.

Care plans provided a good overview of residents' care and how care was delivered. On admission, a comprehensive nursing assessment and additional risk assessments were completed for all residents. This assessment was based on a range of evidence based practice tools. For example, a nutritional assessment tool was completed to identify risk of nutritional deficits, a falls risk assessment to determine vulnerability to falls and a tissue viability assessment to assess pressure area risk. The inspector noted that the assessments were used to inform care plans and that care was delivered in accordance with established criteria to ensure well being and prevent deterioration. They were updated at the required intervals or in a timely manner in response to a change in a resident's health condition. Residents had access to GP services and records showed that GP's visited the centre to review medications and to respond to changes in health care. Access to allied health professionals such as speech and language therapists, dieticians, occupational therapists and community mental health nurses was available. There was evidence that residents and relatives were involved in care plans and their views were recorded and incorporated into daily care practice. The inspector noted that where residents had dementia there was good detail on what activities residents responded to and reflections on their emotional and psychological health were recorded in daily records. Communication capacity was described well there was information available on orientation to surroundings, the social care needs of residents and how these were being addressed and what interventions were put in place when residents had fluctuating behaviour patterns.

The record of residents' health condition and treatment given each day and night was up to date and comprehensive in the sample of records examined. Reviews and evaluations of care were completed at the required intervals and when care needs changed. 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 available and shared between providers and services.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. There was a varied and interesting social programme and some activities were undertaken by external facilitators for example the weekly art group. There was a high level of participation in activities. Residents were very complimentary about the opportunities they had to enjoy new experiences such as painting. There was also an emphasis on spontaneous activity initiated by care staff and nurses who encouraged residents to sing, talk and chat together.

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):

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

Findings:

An action plan in the last report required that the use of closed circuit television was reviewed. This action was complete. This equipment was not in use in communal areas and where it was in use surrounding the building and exits there was signage to indicate that it was operational.

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):

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

Findings:

An action plan in the last report required that records of personal property adequately described the personal possessions residents had in the centre. This action had been comprehensively addressed. A complete list of each residents property had been completed and was updated as new items were taken in to the centre and brought to the attention of staff.

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:

The inspector reviewed staffing levels and discussed the staff allocation with the person in charge and the staff team. They described how they allocated workloads and determined staffing requirements. The inspector found that the day and night staff allocation was appropriate to meet the needs of residents.

The inspector carried out interviews with varied staff members and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. All could identify the designated social worker for the area who was to be notified about instances of suspected abuse. Staff told the inspector that they were well supported and that the person in charge and provider provided good leadership and guidance.

The inspector noted that staff meetings were used to reflect on practice and consider improvements to the service. The inspector was provided with details of the training that had been provided to staff during 2015 and training that was scheduled. Training that was due during 2016 to meet mandatory requirements was also planned. This was noted to be identified in a systematic way that ensured that all mandatory training was

completed within the required time frames. The person in charge and a clinical nurse manager were certified trainers for adult protection which ensured that all staff had the required training and refresher training on this topic.

Residents and staff were observed to have good relationships and residents said they valued the way staff remembered their preferences and the ways they liked their daily routines and personal care to be carried out. The inspector observed that call-bells were answered promptly, staff were available to assist residents and there was appropriate supervision in the dining rooms and sitting rooms throughout the inspection day.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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