<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ave Maria Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000315</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Tooreen, Ballyhaunis, Mayo.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>094 963 9999</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:avemarianursinghome@gmail.com">avemarianursinghome@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>Cummer Care Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Thomas Feeney</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>PJ Wynne</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<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>
</tr>
</tbody>
</table>
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 2 day(s).

The inspection took place over the following dates and times
From: 30 September 2015 09:20 05 October 2015 09:00
To: 30 September 2015 16:45 05 October 2015 16:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This report set out the findings of an unannounced monitoring inspection. This inspection took place over two days. The inspector reviewed progress on the action plan from the previous inspection carried out in April 2014. Notifications of incidents received since the last inspection was also considered and reviewed on this visit.

There was a management structure in place to support the person in charge. The providers met with the inspector throughout the inspection. There was evidence they participated in training alongside nursing and care staff.
The centre was clean, warm and well decorated with a calm atmosphere. Residents were complimentary of staff and satisfied with care services provided. They had good access to nursing and allied health care.

There was evidence of individual residents’ needs being met. There was a good choice and quality of food available. Residents spoken with confirmed they enjoyed their meals every day.

A total of 16 Outcomes were inspected. The inspector found three Outcomes as moderately non compliant. These included Health, Safety and Risk Management, End of Life Care and Suitable Staffing. Ten Outcomes were judged as compliant with the Regulations and a further three as substantially in compliance with the Regulations.

The areas of moderate non compliance primarily related to;

Residents with a do not resuscitate (DNR) status in place did not have the DNR status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis.

Fire drill practices did not record the time taken for staff to respond to the alarm. The drills did not record the scenario/type of simulated practice. Records did not evidence simulated fire drills are undertaken to reflect a night time situation. Four staff did not have refresher training in fire safety.

Care assistants resources required review.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.
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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The Statement of Purpose was last updated in July 2014. The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the Regulations.

**Judgment:**
Compliant

**Outcome 02: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was a defined management structure in place to ensure the effective governance of the service. The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre.

There was an organisational structure in place to support the person in charge. The provider nominees met with the inspector throughout the inspection. There was
Evidence they participated in training alongside care staff.

There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge. Clinical data was collected and reviewed weekly. This included information on the number of residents on psychotropic medication, wound care, accidents/incidents and any hospital admissions.

A comprehensive audit of falls by residents was undertaken. The information collected was utilised to identify trends or pattern of risk. As a result, a staff member was rostered for an extra hour in the evening until 21:00 hrs to assist residents retire to their bedroom.

Aspects of the quality assurance program reviewed required further development. Action plans were not developed and changes implemented to improve practice in all areas audited. While data was collated on the number of residents administered psychotropics the information did not identify night sedatives separately. There was no audit on aspects of restraint management such as the use of bed rails.

An annual report on the quality and safety of care was completed for 2014. Copies were available to the residents or their representative. The report was comprehensive and provided useful information to residents and their families on developments within the service.

**Judgment:**
Substantially 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:**
The inspector found that all residents had an agreed written contract. The contract of care was revised as this was an area identified for improvement on the last inspection.

The cost of additional expenses incurred by residents was set out in the revised contract of care. This identified charges payable per items not included in the overall fee.

**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 registered nurse and is noted on the roster as working in the post full-time. She was knowledgeable of residents care needs. She could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

She has maintained her professional development and attended mandatory training required by the Regulations. The person in charge is a qualified trainer in safe moving and handling techniques and adult protection.

She has maintained her clinical skill up to date. Since the last inspection she has attended courses in dementia care, venepuncture, nutritional care in the elderly and dysphasia.

There is dedicated time allocated to manage the clinical governance and administration duties required by the post of person in charge. The person in charge is supported in her role by a clinical nurse manager.

**Judgment:**
Compliant

### Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management
**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The inspector found that there were systems in place to maintain complete and accurate records. Records were stored securely and easily retrievable.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff. Policies identified for improvement on the previous visit were in place and contained procedures to guide staff actions and interventions.

A sample of five staff files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the Regulations was available in the staff files reviewed. The provider had applied and was awaiting the outcome of Garda Síochána vetting for the two most recently recruited staff.

A directory of residents was maintained update. The inspector noted the details of the most recent admission were recorded in the directory.

**Judgment:**
Compliant

---

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

*The Chief Inspector is notified of the proposed absence of the person in charge from the 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 was aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge for a continuous period of 28 days. The key senior manager is appointed to deputise while the person in charge is absent. This has not occurred to date.

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

**Findings:**  
The policy on adult protection was available. Protected disclosure procedures to guide staff in their reporting of a suspicion of abuse were documented in the policy. Residents spoken with stated that they felt safe in the centre. There was a visitors log in place.

No notifiable adult protection incidents which are a statutory reporting requirement to the Authority have been reported since the last inspection.

Staff spoken with were able to inform the inspector of what constituted abuse and of their duty to report any suspected or alleged instances of abuse. Staff identified a senior manager as the person to whom they would report a suspected concern. The inspector viewed records confirming all staff had up to date refresher training in protection of vulnerable adults.

There is a policy on the management of behaviour that is challenging. Staff spoken with were very familiar with resident’s behaviours and could describe particular residents’ daily routines very well to the inspector. Staff had completed training on caring for older people with cognitive impairment or dementia. This training included components to respond to challenging behaviours.

The financial controls in place to ensure the safeguarding of residents’ finances were examined by the inspector. There was a policy outlining procedures to guide staff on the management of residents’ personal property and possessions.

The provider was not an agent to manage pensions on behalf of any residents. A cash system was in place to manage small amounts of personal money for residents. A record of the handling of money was maintained for each transaction. Two signatures were recorded in each transaction. A financial statement was provided at six monthly intervals to residents or their next of kin.

There was a policy on restraint management (the use of bedrails and lap belts) in place. However, practice was not fully reflective of the national policy on promoting a restraint free environment. There was limited detail on alternatives trialled and why they were unsuccessful in some of the assessments examined. The assessments simply stated ‘electric bed’. There was not always a clear rationale detailed to outline how the raised
bedrail supported the resident and ensured an enabling function.

While crash mats, sensor alarms and ultra low beds were in use at the time of this inspection, 17 residents had two bed rails in use. There was a risk assessment completed prior to the use of the restraint and assessments were regularly revised. Signed consent was obtained by the resident or their representative and the GP. Staff had completed training on promoting a restraint free environment.

Judgment:
Substantially 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:
The inspector was satisfied that the health and safety of residents, staff and visitors in the centre was promoted and protected. The actions in the previous inspection which related to risk, health and safety were satisfactorily completed.

The governance arrangements to manage risk situations were specified. The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. Responsibility for health and safety procedures and an organisational safety structure was included in the risk management policy and health and safety statement.

There was an emergency plan in place. This was found to be appropriate with identification of services and emergency numbers in the event of a range of possible occurrences. A missing person’s policy was in place.

Fire safety equipment including the fire alarm, fire fighting equipment, emergency lighting and smoke detectors were provided. These were serviced either quarterly or at annual intervals. Evacuation sheets were fitted to each bed. Illuminated fire exit signage was in place. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed. Escape route plans were displayed on corridors to show the nearest escape route.

There was a fire safety policy in place. This detailed the evacuation procedures for the service to include partial or full evacuation. Each resident had a personal emergency evacuation plan developed. This detailed their evacuation requirements for both during the day and at night.
The majority of staff had completed refresher training in fire safety evacuation procedures. The inspector identified four staff who were not trained recently.

Records indicated fire drill practices were completed. Records listed the names of staff taking part. However, the fire drill records did not record the time taken for staff to respond to the alarm. The drills did not record the scenario/type of simulated practice. Records did not evidence simulated fire drills are undertaken to reflect a night time situation when staffing levels are reduced. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

The building, bedrooms and bathrooms were visually clean. A sufficient number of cleaning staff were rostered each day of the week. However, due to some limitations of space there was risk of cross infection. Hoists were stored in the bathroom and oratory. A number of residents had their own slings. However, they were not stored separately to minimise the risk of cross infection during the asymptomatic period of a resident acquiring an infection. A wash hand basin was provided in the sluice area as required from the action plan of the previous inspection.

There were arrangements in place for recording and investigating untoward incidents and accidents. The inspector noted that falls and near misses were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. However, there was variation in the recording of neurological observations. In the sample of records reviewed they were not completed in line with the procedures outlined in the centre’s falls management policy.

The training records showed that staff had up-to-date refresher training in moving and handling. One staff member was identified as requiring refresher training in the safe moving and handling of residents as their current certificate of training had expired. There was sufficient moving and handling equipment available to staff to meet residents’ needs. Each resident’s moving and handling needs were identified to include the type of hoist and sling size.

Judgment:
Non Compliant - Moderate

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 was a comprehensive medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

Each resident’s medication was dispensed from blister packs. The blister packs on arrival were checked against the prescription sheets in the signed kardex to ensure all medication orders received were correct for each resident.

The inspector reviewed a sample of drugs charts. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were legible.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Drugs were being routinely crushed for one resident at the time of this inspection. Each drug was individually prescribed as suitable for crushing.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the balances and found them to be correct.

**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 33 residents in the centre during the inspection and one bed vacant. All residents except one were residing in the centre for continuing care. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition.

The inspector reviewed four resident’s care plans in detail and certain aspects within other plans of care. In the sample of care plans reviewed there was evidence care plans were updated at the required intervals or in a timely manner in response to a change in a resident’s health condition. On admission a comprehensive assessment of needs was completed, reviewed and updated at regular intervals. There was evidence of consultation with residents or their representative in care plans.

A range of risk assessments are reviewed monthly to identify any changes in physical or psychosocial care needs. Personal profiles were developed and available to care staff. These included details of the residents’ life history, their likes and dislikes, level of support required with personal hygiene, mobility and safety, nutritional requirements and their communication needs.

There was a good emphasis on personal care and ensuring personal wishes and needs were met. Care plans were in place for all identified needs. However, further work is required to develop care plans that are more person-centred and individualised. As an example, care plans for residents with dementia, anxiety or behaviours that challenge required review to ensure they are more person centred. In some instances the degree of confusion or anxiety was not outlined. There was no information that indicated how this impacted on daily life. Information such as who the resident still recognised or what activities could still be undertaken which guide staff practice was not always evident. Plans of care to meet the psychosocial needs of residents with behaviours that challenge require review to ensure they are person centred and linked to the resident’s life history and outline preventative and reactivate strategies.

Residents had access to general practitioner (GP) services. There was good evidence of medical reviews shortly after admission and when a resident became unwell. However, medical notes evidenced GP’s did not visit the centre regularly to review medication and reissue each resident’s prescriptions.

Access to allied health professionals to include speech and language therapist, dietetic service, and psychiatry was available. The provider has employed a physiotherapist one day each week since the last inspection. The physiotherapist is available to review all residents and undertakes individual and group exercise to promote mobility. Some residents have a personalised exercise program developed.

There were two residents with pressure or vascular wounds at the time of this inspection. The inspector reviewed the care plan for one resident. Regular reviews by the vascular surgeon were undertaken. A plan of care was in place and regularly revised to take account of specialist advise and the trialling of alternative treatment plans.

A number of residents were provided with air mattresses. Care staff completed repositioning charts for residents with poor skin integrity. Four new chairs were provided for four residents on review by the occupational therapist.
Judgment:
Substantially Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The building is designed to meet the needs of dependent older people and is comfortable and welcoming.

The inspector noted the building was comfortably warm. Wash hand basins are fitted with thermostatic controlled valves. Hand testing indicated the temperature of hot water did not pose a risk of scalds. Restrictors are fitted to all windows.

All bedrooms are single ensuite rooms. There are two day sitting rooms, dining room and oratory available for use by residents. There is comfortable seating in the foyer which is used throughout the day by residents and visitors.

There were a sufficient number of toilets, baths and showers provided for use by residents. Toilets were located close to the day room for residents’ convenience. Each resident had sufficient space to store their clothing and personal belongings.

Staff facilitates were provided with space for the storage of personal belongings

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

**Findings:**
Aspects of the complaints policy and procedure were reviewed. This was an area identified for improvement in the action plan of the previous inspection report.

The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise.

The complaints procedure was displayed in the entrance foyer for visitors to view. This provided direction to whom a complainant could raise an issue if they had a concern.

The complaints procedure displayed met the requirement of Regulation 34.

No complaints were being investigated at the time of inspection. A complaints log was in place which contained the facility to record all relevant information about complaints.

**Judgment:**
Compliant

---

**Outcome 14: End of Life Care**
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

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

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

**Findings:**
There was an end-of-life care policy detailing procedures to guide staff. The policy of the centre is all residents are for resuscitation unless documented otherwise. A multi disciplinary approach was undertaken to include the resident where possible, their representative, the GP and the nursing team. Residents with a do not resuscitate (DNR)
status in place did not have the DNR status regularly reviewed to assess the validity of the clinical judgement on an ongoing basis.

Each resident had a plan of care for end-of-life. The care plans contained good detail of personal or spiritual wishes. Decisions concerning future healthcare interventions require review. Resident’s preferences with regard to transfer to hospital if of a therapeutic benefit were not documented in end-of-life care plans.

Six staff comprising mainly of the management team has completed end-of-life training during 2014. All staff were not trained on end of life care. Some staff had completed training in 2010 but did not have a refresher update in the intervening period.

Judgment:  
Non Compliant - Moderate

**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 menu was planned on a daily basis and all food was cooked fresh. The inspector reviewed the menu and discussed options available to residents. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake particularly those for those on fortified diets. A trolley served residents mid morning and afternoon offering a choice of tea/coffee fruit, buns and biscuits.

The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and available to catering and care staff. Staff interviewed could describe the different textures and the residents who had specific requirements.

Residents had care plans for nutrition in place. There was prompt access to allied health professionals for residents who were identified as being at risk of poor nutrition. There was ongoing monitoring of residents nutrition and skin integrity. Nutritional screening was carried out using an evidence-based screening tool at monthly intervals. Each need had a corresponding care plan.

All residents were weighed regularly. Food intake records were well completed where a need was identified. Fluid charts were totalled to ensure a daily fluid goal was achieved.
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:
Residents had adequate space for their belongings, including secure lockable storage in
their bedrooms. Each resident was provided with their own wardrobe.

The centre provided the service to laundry all residents’ clothes and families had the
choice to take home clothes to launder if they wished. There was a system in place to
ensure each resident’s clothing was identifiable to them.

The laundry was suitable in size and adequately equipped.

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):
The action(s) required from the previous inspection were satisfactorily implemented.
**Findings:**
The inspector judged there was an adequate complement of nursing staff with the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre.

Staff demonstrated good knowledge and understanding of each resident’s background in conversation with the inspector. However, the inspector formed the opinion the care assistants resources require review to ensure sufficient staff are available to meet the physical care needs and ensure adequate sensory stimulation for residents. At the time of this inspection approximately 50% of the residents require the assistance of two staff to ensure safe moving and handling. The dependency profile of the residents indicated the majority require a high level of support with their daily morning routines.

There was a detailed policy for the recruitment, selection and vetting of staff. It was reflected in practice. Recently recruited staff confirmed to the inspector they undertook an interview and were requested to submit names of referees and complete Garda Síochána vetting.

Information available conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on cardio pulmonary resuscitation, infection control, health and safety, dementia care and food hygiene.

However, as identified in Outcome 14, End of Life Care all staff were not trained on end of life care.

**Judgment:**
Non Compliant - Moderate
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:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ave Maria Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000315</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>30/09/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>27/10/2015</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Aspects of the quality assurance program reviewed required further development. Action plans were not developed and changes implemented to improve practice in all areas audited.

1. 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

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Quality Assurance programme will be reviewed; including monitoring of all services. Audits of all areas will be revised.

Proposed Timescale: 31/12/2015

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Practice was not fully reflective of the national policy on promoting a restraint free environment. There was limited detail on alternatives trialled and why they were unsuccessful in some of the assessments examined. There was not always a clear rationale detailed to outline how the raised bed rail supported the resident and ensured an enabling function.

2. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
There are currently no residents using bed-rails as a restraint.
All residents using Bed-Rails with Enabling functions will be re-trialled and reviewed using the National Policy as a reference and guide.

Proposed Timescale: 30/11/2015

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was variation in the recording of neurological observations. In the sample of records reviewed they were not completed in line with the procedures outlined in the centre’s fall management policy.

3. Action Required:
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control
accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**
All residents Neurological Observations are now recorded as per Care Centre’s Falls management Policy. This issue was also discussed at a recent Nurse’s meeting held on the 19/10/2015.

**Proposed Timescale:** 19/10/2015  
**Theme:** Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Hoists were stored in the bathroom and oratory. A number of residents had their own slings but they were not stored separately to minimise the risk of cross infection during the asymptomatic period of a resident acquiring an infection

4. **Action Required:**  
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

**Please state the actions you have taken or are planning to take:**
All resident’s personal slings are now stored in their own respective bedrooms.

**Proposed Timescale:** 17/10/2015  
**Theme:** Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The inspector identified four staff who were not trained recently in fire safety evacuation.

5. **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:**
In –house Fire Training is scheduled for 11/11/2015.

**Proposed Timescale:** 11/11/2015
Theme: Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fire drill records did not record the time taken for staff to respond to the alarm. The drills did not record the scenario/type of simulated practice. Records did not evidence simulated fire drills are undertaken to reflect a night time situation when staffing levels are reduced. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

6. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
Fire Drill documentation will be reviewed. All future fire-drills will include simulated scenarios, respond times and evaluations thus giving staff opportunities to learn from each exercise.

Proposed Timescale: 11/11/2015

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:
Further work is required to develop care plans that are more person-centred and individualised. As an example, care plans for residents with dementia, anxiety or behaviours that challenge required review to ensure they are more person centred.

7. 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:
All Care Plans will be reviewed, (starting with those who have cognitive impairment) to ensure that the Care Plans are person-centred and meet each person’s needs.

Proposed Timescale: 30/11/2015
**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Medical notes evidenced GP’s did not visit the centre regularly to review medication and reissue each resident’s prescriptions.

**8. Action Required:**
Under Regulation 06(2)(a) you are required to: Make available to a resident a medical practitioner chosen by or acceptable to that resident.

**Please state the actions you have taken or are planning to take:**
All resident’s were reviewed by their GP during the month of October 2015. The DOC and the CNM discussed each resident’s medication, and Plans of Care. Requests were made to each GP to review each resident’s medication three monthly or sooner if required also to review each resident six monthly or sooner if required.

**Proposed Timescale:** 31/10/2015

---

**Outcome 14: End of Life Care**

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Residents with a do not resuscitate (DNR) status in place did not have the DNR status regularly reviewed to assess the validity of clinical the judgement on an ongoing basis.

**9. Action Required:**
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

**Please state the actions you have taken or are planning to take:**
The DNR status of each resident will be discussed and reviewed at regular intervals with the resident, their family, their GP and the Multidisciplinary Team. This will then be documented in the three monthly reviews.

**Proposed Timescale:** 31/12/2015

---

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Resident’s preferences with regard to transfer to hospital if of a therapeutic benefit were not documented in end-of-life care plans.

10. **Action Required:**
Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

**Please state the actions you have taken or are planning to take:**
All End of Life Care Plans will be revised with family, resident and MDT. Possible transfer to hospital if there may be a therapeutic benefit will also be added to revised End of Life Care plan.

**Proposed Timescale:** 31/12/2015

### Outcome 18: Suitable Staffing

**Theme:**
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The care assistants resources require review to ensure sufficient staff are available to meet the physical care needs and ensure adequate sensory stimulation for residents.

11. **Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
Staff rosters have been re-structured to allow staff more time to have one-to-one engagement with residents to ensure adequate sensory stimulation for the residents.

**Proposed Timescale:** 12/10/2015

**Theme:**
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All staff were not trained on end of life care.

12. **Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-house End of Life Care training is scheduled for 5/11/2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Timescale: 05/11/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme: Workforce</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
One staff member was identified as requiring refresher training in the safe moving and handling of residents as their current certificate of training had expired.

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

<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The staff member concerned has received re-fresher Manual Handling training on the 20th October 2015.</td>
</tr>
</tbody>
</table>

| Proposed Timescale: 20/10/2015 |