

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sacred Hearts Nursing Home
Centre ID:	OSV-0000156
Centre address:	Roslea Road, Clones, Monaghan.
Telephone number:	047 51 069
Email address:	sacredhearts@arbourcaregroup.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Varna Healthcare Services Limited
Provider Nominee:	Donal O’Gallagher
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Day 2: Mary McCann
Type of inspection	Unannounced
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	5

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
13 August 2014 10:30	13 August 2014 18:00
05 September 2014 09:30	05 September 2014 19:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Substantially Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This monitoring event consisted of two days. The first day of this inspection was unannounced and the second day was announced. This inspection was completed as a follow-up inspection to assess compliance with the legislation.

The County Council Fire Services were involved with the provider and matters in this area were resolved. Other actions had been taken to address other fire safety non compliance.

The centre premises have been the subject of documented on-going non

compliances with the Regulations 19 (3) (a) and 19(3)(f) of the Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended) and the National Standards, in inspection reports and action plans developed by the Authority with regard to areas of risk and the negative impact of the current layout/structure on residents residing in the centre including their privacy, dignity and independence. The provider informed the Authority that the centre will be in compliance with the Regulations and National Standards by July 2015. Structural work commenced on the premises following the registration renewal inspection on 19 and 20 February 2014, to address fire safety, privacy and dignity and risk management and improvements had been made. The statement of purpose was revised following refurbishment work on 01 May 2014 advising that the maximum number of residents to be accommodated was revised from 48 to 41 and a pre-admission assessment would be completed to ensure the facilities provided in seven single bedrooms with less than 9.3m² usable floor space met the needs of new residents.

The renovations that have taken place to date to improve facilities have enhanced the environment for residents who reside in multi-occupancy bedrooms. However, some issues remained, such as minimum usable floor space available in seven single bedrooms on the first floor, the size of two toilets on the ground floor, narrow corridors and the first floor accommodation for two residents on an upper level.

Some identified areas of non compliance with the Regulations and National Standards that impacted on the privacy and dignity of residents have been mitigated with the exception of; the widespread use of commodes. While the provider has gained the consent of residents to have commodes on a continuous basis in their bedrooms, this practice did not promote residents' independence, privacy and dignity in line with the National Standards.

Other areas for improvement included a delay in referring a resident with a mental health condition to psychiatric services and this negatively impacted on their health and quality of life. The provider had not developed action plans for deficits identified in audits. There were no guidelines for the use of subcutaneous fluid replacement procedures. .

Following this inspection, an action plan was sent to the provider which set out the mandatory improvements required to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

However, the completed action plan returned by the provider does not satisfactorily address all the failings identified in this report. The Authority has therefore taken the decision not to publish the action plan at this time and is in discussion with the provider to address all outstanding actions.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose document dated 01 May 2014, was available in the centre. It referenced the maximum number of residents to be admitted to the centre was 41 to reflect revised resident accommodation arrangements undertaken since the registration renewal inspection on 19 and 20 February 2014.

A copy of this revised statement of purpose was forwarded to the Authority following revision in May 2014 as required. The statement of purpose described the aims, objectives and ethos of the centre, detailed the facilities and services provided for residents and was reflected in practice in the centre. It contained required information in relation to the matters listed in 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:

On the renewal of registration inspection in February 2014, there was evidence that audits were undertaken and there was an annual quality report compiled by the operations manager. Inspectors were not satisfied that the audits and the reviews directly improved the outcomes for residents at that time. The provider stated in the response to the actions required that a further section would be added to the annual review to identify improvements from the 1st May 2014.

On this inspection, the system to review the quality and safety of care and quality of life for residents did not consistently include details of analysis and actions taken to improve areas of deficit within completion timescales. The inspector reviewed an audit folder which referenced data analysis of the quality and safety of aspects of clinical care including resident restraint (bedrails) management, accidents and incidents, medication management, infection control and resident weight monitoring. There was evidence of analysis of resident trips as part of the social programme, a cleaning frequency schedule indicating requirements of daily standard cleaning and weekly deep cleaning and revision of care plan documentation in addition to development of a number of data recording templates.

While there was evidence of analysis with areas of deficit stated in a number of cases and actions taken, quality improvement plans were not developed to identify areas of deficit, actions to be taken to improve quality, person responsible for completion and completion time-scales to track progress and record improvements for re-auditing activity and informing the annual quality and safety of care and quality of life report.

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):

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

Findings:

The contracts of care were the subject of action plans since February 2014 in relation to the requirement to clarify additional fees that may be charged in relation to staff escort for residents and recharging arrangements for payment of additional services availed of by residents outside the agreed nursing home fee. On this inspection, the inspector found that each resident had a written contract of care which included details of the

services to be provided including details of additional charges which applied for other services outside the fee charged for same, such as chiropody, hairdressing, newspapers, allied health professional consultations, transport costs and specialised mobility and care equipment.

An arrangement was referenced as being in place where costs for additional services availed of were re-charged to the resident concerned at the exact rate charged by the service provider. These charges were included as an additional charge to the agreed nursing home fee on a monthly basis. The hourly cost of staff escort for residents outside the nursing home was also stated. As these additional charges were variable, residents or their representatives were advised of the cost each service would entail to inform their decisions on availing of the relevant services. An additional fixed charge of twenty euro per week was applied to residents availing of the Nursing Home Support Scheme as part of their nursing home fee for the provision of a social programme.

The inspector also observed that the total weekly nursing home fee payable was stated in each contract in the sample reviewed. A copy of each resident's personal contribution details as assessed by the Nursing Home Support Scheme were kept on file in the nursing home for reference and were viewed by the inspector. Contracts of care were signed in agreement and dated by the resident/significant other as appropriate.

Judgment:

Substantially 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 facilitated all inspections of the centre to date. While there were a number of non-compliances with the legislation identified that were the responsibility of the person in charge in all inspections since the registration renewal inspection in February 2014, she has provided evidence to demonstrate that she is working to bring the centre into compliance with the Regulations and Standards.

The person in charge has completed mandatory training requirements. She had completed a postgraduate course in gerontology. Staff confirmed to inspectors on the 05 September 2014 that the person in charge was supportive and approachable. There was evidence that the person in charge provided in-service education on care planning and on the centre's policies. Residents confirmed to inspectors that they knew the person in

charge and some residents spoken with said that if they had any complaints, they would direct them to her. She demonstrated that she knew the residents well and comprehensively discussed their clinical and psychological needs and care with inspectors.

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):

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

Findings:

Documentation in relation to fire safety inspections was available and maintained in the centre on the days of this inspection

The directory of residents was reviewed on the 05 September 2014 and some omissions in details required were observed, including cause of death of two residents and an address was not documented for one resident's next of kin.

All policies and procedures as required by Schedule 5 of the Regulations were available, were up to date and the sample reviewed reflected practice in the centre. The policy informing food and nutrition required additional detail to include advice when intervention in terms of fluid replacement is appropriate and is discussed in Outcome 15 of this report.

The residents' guide document was available on inspection and referenced required information. A copy of this document was given to each resident on admission and following review thereafter as confirmed by the person in charge.

There was an absence of guidelines to inform staff when subcutaneous fluid administration should be initiated or/and referral for GP consultation should be sought in the food and nutrition policy.

Judgment:

Substantially 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:

There was a policy in place to inform prevention, recognition and management of abuse which included referral details for the Senior Case Worker. Training records provided to inspectors on the 13 August and 05 September 2014 evidenced that all staff working in the centre had attended training on protection of vulnerable persons. Staff spoken with by inspectors were knowledgeable on the centre's protection procedures and with responding to disclosures. Residents spoken with told inspectors that they felt safe and were complimentary of the staff caring for them. Staff interactions with residents was observed by inspectors and found to be warm, patient, helpful and kind.

On the inspection which occurred on the 19th and 20th February there were not effective systems in place to obtain consent from residents regarding the expenditure of their finances for additional services and/or clothing. On this inspection a new form for consent was implemented and in use. The form referenced signatory consent either from the resident or significant other giving permission to the person in charge to purchase clothing on their behalf. Residents clothing was observed to be clean, comfortably fitting and in good repair during this inspection. Residents were provided with a lockable space in their bedrooms to securely keep their valuables.

One resident presented with episodes of challenging behaviour and a review of this resident's file found that a positive behavioural support plan was in place which identified behaviour triggers and de-escalation procedures. There was evidence that a review was sought from mental health services on behalf of this resident by the person in charge in early 2014 in response to increased episodes of challenging behaviour that was impacting on the resident's ability to socialise and their quality of life. The documentation supported endeavours by the person in charge to expedite this review with more recent communications in July and August 2014 with the resident's GP.

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):

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

Findings:

A revised copy of the fire safety policy dated 05 August 2014 was in place. A copy of the fire evacuation plan for the centre was also available and displayed in large print by the fire alarm panel and in the staff rest-room. Preventative procedures were in place with fire alarm testing each Wednesday, daily examination of fire exits to ensure no obstacles were present and the fire panel to ensure no errors were alerted. All staff had attended fire safety training and had participated in a fire drill confirmed by staff spoken with by inspectors and training records reviewed on 13 August and 05 September 2014. Staff spoken with on this monitoring event were knowledgeable regarding their roles and the procedure to be followed in the event of the fire alarm sounding and one staff member told the inspector he was one of the two designated carers on the day fire team on the 13 August 2014. The most recent fire drill was a simulated night time fire evacuation drill practised on the 15 August 2014 where a two resident simulated evacuation training procedure was completed using an evacuation chair and a fire evacuation pad. A commentary record was in place and referenced that evacuation from one zone to another was timely. The person in charge informed the inspector that on cessation of the fire marshal and additional carer on night duty, staffing numbers had reverted to three staff on night duty. The night-time drill completed on 15 August 2014 was carried out to ensure three staff on duty met the evacuation needs of residents as described in their personal emergency evacuation plans.

The inspector observed that all bedroom doors had been replaced with fire doors in addition to installation of a new internal fire door on entering the corridor at the top of the stairs on the first floor. Most bedroom doors were in the closed position and all doors had self closure units fitted on them. The inspector observed one bedroom door was ajar at the resident's request which the inspector confirmed with the resident concerned. Another open bedroom door had a sensor fitted on it at floor level that disengaged on the alarm sounding, allowing the door to close. A door to the outside of the building from the church was recently designated as a fire exit with appropriate signage displayed. A newly installed fire exit to the outside of the centre from the reception area was in place. All fire exits were found to be clear and accessible if required.

The inspector found on this inspection that up to date individual risk assessed evacuation plans continued to be completed for each resident which assessed their equipment needs including medical equipment and number of staff required to ensure

safe evacuation. The inspector was given a copy of a list detailing residents and the zone their bedroom was located within on this inspection. This list also referenced biographical details, each resident's dependency level and the mode of transport to be used for their safe evacuation was stated. Essential medical equipment was referenced in addition to each resident's evacuation equipment needs. This list continued to be revised daily as observed by the inspector. A copy of each resident's personal evacuation risk assessment was discretely displayed inside their wardrobe door. A resident spoken with by the inspector knew the purpose of this document and evacuation route. Evacuation aides listed to meet the assessed evacuation needs of each resident were observed to be available and in place by the inspector.

The inspector observed that three residents remained in their rooms on the first floor during the inspections of the 13 August and 05 September 2014. A member of staff was observed to remain on this floor to supervise these residents throughout both days of this inspection.

A risk management policy was available and was reviewed on the 22 May 2014. All required risk management information as described in the legislation was available to advise staff of procedures to follow. The inspector viewed the centre's risk register which contained assessment of risks identified with stated controls in place to mitigate level of risk present. There were no unidentified risks without stated concomitant controls observed by the inspector within the building. However, in external areas there were risks posed by an absence of handrails on a pathway and steps from one level of the external ground to another, in addition to some uneven and broken surfaces on a path running between the centre and the road, which were not referenced in the risk register. However, the inspector was told by staff that the current residents accommodated in the centre did not walk in the external grounds with the exception of the secure garden area close to the church. The inspectors were told by residents on the 05 September 2014 that they had enjoyed sitting out in the sun on the previous day and while supervised by staff, this activity took place in an area immediately accessible to the unprotected referenced pathway and steps. A centre specific emergency policy dated 30 May 2014 was in place and was reviewed by the inspector who observed that fire evacuation procedures were referenced as described.

The person in charge had implemented a cleaning schedule detailing daily and weekly cleaning to be completed. The centre environment and resident equipment was visibly clean on this inspection. Staff hand hygiene practice was satisfactory. A hand hygiene sink was not available in the cleaner's room or in the room where medication and medical preparations were stored in line with the National Standards.

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):

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

Findings:

On the registration renewal inspection in February 2014, inadequate medication management procedures were identified by inspectors in relation to medication administration and documentation.

On this inspection, resident photographic identification on medication documentation was reviewed and the inspector found that all photographs were of a standard that allowed for adequate identification of residents. A resident with assessed swallowing difficulties requested to have her medication with yoghurt or desert in broken format to assist swallowing as she found taking medication difficult and had a documented weakened swallowing reflex which required modification of consistency of her fluids and food. An assessment was completed in this case and the resident's choice was respected as a result. The inspector observed that this procedure and resident choice was clearly documented in her care plan and documentation was available from a pharmacist to confirm that the medication in tablet format could be broken.

Judgment:

Compliant

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):

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

Findings:

A log was maintained of all incidents in the centre which was reviewed by inspectors. Quarterly statutory notifications were forwarded as required. On reviewing resident documentation, an incident where a resident fell on the 20 March 2014, sustained a head injury and was sent to hospital for review was documented. This and another incident where a resident developed a pressure related skin injury on 17 March 2014 were not notified as NF03 Serious injury to a resident, notifications to the Authority as required. The person in charge was aware of her statutory responsibility to notify the Chief Inspector of serious incidents to residents and forwarded both these notifications on 11 September 2014 as required.

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The person in charge had reviewed all residents care plans and changed their format to promote clarity and accessibility. The inspectors reviewed a sample of residents files on the 13 August and 05 September 2014 and found that each resident's needs were assessed with a corresponding care plan to instruct care. Daily progress notes were linked to care plans and in general were presented from a holistic perspective. There was evidence that monitoring of residents who experienced chronic pain was completed and was documented in pain assessment records supported by an accredited pain assessment tool.

There was sufficient evidence to support timely referral and review of residents referred for consultation by allied health professionals and GP services with the exception of a resident referred to mental health services. There was evidence that a review was sought from mental health services on behalf of a resident with increased episodes of challenging behaviour that were impacting on the resident's ability to socialise and their quality of life. The documentation supported endeavours by the person in charge to expedite this review with more recent communications in July and August 2014 with the resident's GP. .

A physiotherapist attended the centre on a twice weekly basis to meet the assessment, rehabilitation and monitoring needs of residents who have mobility needs and/or who have fallen or are assessed as being at risk of falling. The dietician was carrying out consultations in the centre on the 13 August 2014 while inspectors from the Authority were in the centre.

On a previous inspection, Inspectors observed inconsistencies in records of consultation with residents and/or their relatives regarding their care. There was evidence on this inspection that each resident had their care plan reviewed, who attended the review meeting and changes made in the sample of resident care plans reviewed.

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):

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

Findings:

To date inspection findings evidenced that the design and layout of some parts of the building do not meet their stated purpose due to;

- minimum usable floor space available in seven single bedrooms on the first floor ranging from 7.87m² to 8.02m² did not provide adequate space for some residents needs to be met.
- two toilets on the ground floor have entrances 0.6m and 0.7m wide respectively
- narrow corridors measuring less than 1m servicing areas on the ground and first floors
- residents living on the level off the first floor accessed by five steps did not have an easily accessible toilet and shower and this was particularly challenging for any residents with mobility difficulties.

On this inspection, the inspector found that no further building work was in progress and works undertaken by the provider were completed. Refurbishment work to an area off the reception in progress during the last inspection in May 2014 was completed to provide a twin bedroom, and a single en-suite bedroom accessible from a new corridor with installation of a new fire exit door to the exterior of the premises. The resident accommodation currently consists of twenty three single and nine twin bedrooms over three floor levels.

The inspectors observed pedestrian traffic and use of mobility aides in the narrow corridors and found that staff adequately managed the challenges and potential risk of resident falls with a practice of accompanying residents using assistive equipment. Residents were observed by the inspector using assistive equipment to mobilise along the corridors such as walking frames. Handrails were on one side of the corridors only including on a ramped area of corridor on the ground floor. This and the area of ramped corridor was identified as a falls risk and referenced in the risk register with controls stated to minimise risk of same to residents. There was no evidence on this inspection of any resident falls having occurred on the corridors.

The requirement to step back into door-spaces to give way to persons on the narrow corridors, especially on the first floor continued. However, the inspector observed that self-closure units now fitted to bedroom doors presented some resistance to others accessing residents' personal space when giving way to corridor traffic.

The provider did not communicate definitive development plans with inspectors to remedy inadequate usable floor space available in seven single bedrooms, absence of lift access to a level off the first floor, narrowed access to two communal toilets on the ground floor and narrow corridors on the ground and first floors. However, the Statement of Purpose document dated 01 May 2014 specified that 'special regard and consideration' would be given to residents regarding suitability of the accommodation consisting of seven single rooms on the first floor to meet their needs.

The inspectors confirmed that access to two toilets on the ground floor was not possible for residents requiring the assistance of walking frame aides, rotator aides, wheelchairs or hoists. While the narrow corridors made the use of essential equipment such as hoists and wheelchairs difficult, staff told the inspector and demonstrated that accessibility with caution was possible. Staff also demonstrated that access by hoist was possible into one of the seven bedrooms less than 9.3m² by removing items of furniture in preparation. The inspector was told that one resident was moving from one of the these single rooms on the first floor to a twin room on the ground floor with her consent to provide her with additional space to meet her care and mobility needs.

The inspector reviewed the maintenance record log. Staff entered issues requiring review by the maintenance person. The maintenance person described how he managed this process on a day to day basis. The inspector observed that a time and date of repair/review was entered when the issue was resolved. All resident equipment was serviced as required and service records were available. Inspectors also reviewed the service and fault history of the lift from the ground to the first floor. An inadequate functioning lift unit history was found. The inspector noted that the lift was documented as malfunctioning on four occasions this year and a temporary repair was carried out by the electrical service company pending replacement by the centre's electrical contractor which was completed as confirmed by a copy of a work receipt forwarded to the Authority. Inspectors travelled in the lift and found it to be fully functioning on the days of inspection.

Parts of the external grounds accessible to residents were not safe for their use. This finding is discussed in outcome 8 of this report.

Judgment:

Non Compliant - Moderate

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:

Inspectors found on inspections of the 19 and 20 February and 08 April 2014 that verbal expressions of dissatisfaction with the service were recorded in the relevant resident's daily progress notes. These expressions of resident dissatisfaction, referred to as concerns, were resolved at the time. However, if not resolved to the satisfaction of the resident/relative, they were progressed to the centre's formal complaints procedure. However, there was evidence that this arrangement did not ensure that all expressions of dissatisfaction with the service were the subject of review by the designated complaints officer or retrievable to inform a quality of service review.

On this inspection, the person in charge informed the inspector that the centre have commenced recording all verbal complaints in a log. Verbal complaints are referred to as 'concerns' in the centre for the purpose of defining complaints that are verbalised which can be resolved at the time. If the complainant's satisfaction with the outcome of actions taken is not achieved or on review of the concern by the complaints officer, it will be progressed to formal investigation through the centre's formal complaints procedure as a complaint. The person in charge confirmed that written complaints were always progressed through the centre's formal complaints procedure. The inspector viewed a policy in the centre to support this procedure. Details of the complaints procedure was displayed and summarised in the residents' guide document.

The inspector reviewed the record of 'concerns' and observed that two areas of dissatisfaction were documented as verbalised concerns. One in relation to food and the other was in relation to care. A documentary record referencing actions taken and the satisfaction of the resident with the outcome was confirmed and documented. The inspector reviewed this record and found that there was one written complaint investigated in 2014 to date filed in the complaints book, the outcome of which was recorded to be to the satisfaction of the complainant. The person in charge also confirmed to inspectors that this was the only complaint received this year to date. Most residents spoken with told the inspector that if they had a complaint, they would make it to the person in charge or another staff member but were aware that the person in charge had responsibility for complaint management. Complaints and concerns were the subject of audit by the person in charge and discussed in Outcome 2 of this report.

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:

Inspectors observed the dining experience and found that residents were not waiting for their meals to be served or for assistance with eating. There was adequate staff to meet the needs of residents requiring assistance which was given discretely. A survey of residents' satisfaction with the mealtime experience was completed. There was adequate space for manoeuvring around dining furniture and residents' assistive chairs. There were adequate fluids available to meet the hydration needs of residents in the dining room and fluid dispensers were provided in the sitting rooms. Residents who remained in their bedrooms during the day had fresh water provided.

The nutrition policy was reviewed and was found to be up to date and informed best practice including assessment, monitoring, food fortification and modification of intake to meet the needs of residents with swallowing difficulties in addition in the procedure for administration of subcutaneous fluids when a resident's fluid intake is not adequate. From a review of resident documentation the inspectors observed that one resident had on-going low fluid intake requiring intermittent subcutaneous fluid administration therapy which was meeting her needs. However, there was no guidelines to inform staff when this intervention should be initiated or/and referral for GP consultation. This finding is discussed in outcome 5 of this report.

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):

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

Findings:

On inspections to date since 19 and 20 February 2014, aspects of practice and environmental factors were identified as having a negative impact on the privacy and dignity of some residents residing in the centre and constituted a major non compliance with the requirements of the Legislation and National Standards. On this inspection, some of these areas were found to be actioned.

There was an accommodation layout arrangement in bedroom number 22a and b, whereby the resident residing in 22b accessed the personal space of the resident residing in 22a to access their accommodation. These residents' bed spaces were separated by a bathroom. On this inspection the inspector found that this accommodation was refurbished to create a single bedroom with an en-suite bath, toilet and wash basin with independent access to a new corridor. This arrangement ensured the privacy and dignity needs were met in bedrooms 22a and b.

Bedroom doors observed to have glass panels in them on previous inspections were found to be replaced with solid wooden doors on this inspection which promoted the privacy and dignity of residents while carrying out personal care activities in their bedrooms.

Facilities in some areas of the centre did not maximise the independence and choice of each resident residing in the centre. A number of identified areas of on-going non compliance with the Regulations and National Standards that impacted on the privacy and dignity of residents were found to have been resolved with the exception of:

- the lack of procedures in place to remove commodes from residents bedrooms during the day to ensure their privacy and dignity needs were met.
- easy access to washing and toilet facilities in accommodation on a level off the first floor.

While there was documentation to support requests by some residents to have commodes in their rooms, the inspectors observed that no commodes were removed by staff during the day while these residents used communal sitting and dining facilities. The provider purchased new replacement commodes of a chair-like design that disguised their purpose. The inspector found on this inspection that some commodes that remained in residents' bedrooms had been replaced with same.

The issue of access to toilet and bathroom facilities for residents living in the area accessed by five steps off the first floor was assessed on this inspection in response to an action plan developed from findings of previous inspections since February 2014. The inspector was advised that one dependent resident chooses to remain in her room. The second room was occupied by a newly admitted resident during the days of this inspection. The inspector saw where this resident was fully mobile around the centre and viewed the room prior to admission. Admission to this room was agreed following pre-admission assessment of the resident's capability in terms of mobility with using the stairs. The person in charge told the inspector that should this resident's mobility deteriorate, this room would be deemed unsuitable and an alternative suitable room will be offered.

Some residents spoke with the inspector about a recent trip to a local hotel and residents spoken with expressed an interest in going out on these day trips. Residents

told the inspector that they requested that day trip destinations did not entail long journeys which was respected. The inspector spoke with the staff member facilitating the social programme on the 13 September 2014 and observed her working with the residents in the sitting room. Most residents were engaged in chat with her as she prepared to facilitate a group activity. The daily individual activity record maintained by the social programme co-ordinator was reviewed. This record was kept in the sitting room for ease of access and reference. The inspector observed the record for 04 September 2014 and observed that an entry was made for each resident describing the activity they participated in and their mood. However this information did not provide sufficient evidence that participation by residents in the social program provided met their individual interests and capabilities.

Judgment:

Non Compliant - Moderate

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:

On satisfactory completion of required work to upgrade fire safety measures to bring the centre into compliance with the relevant fire safety legislation and subsequent withdrawal of a Section 20 notice issued by Monaghan Fire services on appeal to Monaghan District court on the 27 July 2014, rostering of the additional carer and fire marshal was ceased and admissions to the centre recommenced .

The inspector found on this inspection that staffing levels on day duty adequately met the needs of residents. There was a staff nurse and two carers rostered for night duty as previously to care for 36 residents of which 12(40%) had assessed maximum dependency, 8(20%) had high dependency needs, 8(20%) had medium dependency needs and 8(20%) had low dependency needs. The person in charge told the inspector that staffing levels were reviewed on an ongoing basis and in response to each new admission. In response to staffing level and skill mix review by the person in charge an additional staff nurse was rostered from 08:00 to 14:00hrs and an additional care assistant from 14:00 to 20:00hrs each day. This was confirmed in the duty roster

reviewed by inspectors. The inspectors were told that staffing at night would be kept under review. There were no incidents of residents with pressure related skin damage or falls resulting in serious injury since 22 March 2014.

The inspector reviewed staff training records on this inspection. The records evidenced that all staff had attended mandatory training as required including fire safety and fire evacuation training. Staff spoken with by inspectors were knowledgeable regarding residents needs and their wishes and preferences. They discussed residents' care confidently and were conscious of additional safety precautions to prevent injury whilst caring for residents given the challenges presented by some parts of the environment.

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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