<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Pilgrims Rest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000376</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Barley Hill, Westport, Mayo.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>098 27 086</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@pilgrimsrest.ie">info@pilgrimsrest.ie</a></td>
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<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>Pilgrims Rest Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Noel Marley</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Nan Savage</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>34</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 29 October 2015 10:30
To: 29 October 2015 18:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<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>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</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 16: Residents’ Rights, Dignity and Consultation</td>
<td>Substantially 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 inspection took place to assess ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards of Residential Care Settings for Older People in Ireland 2009. The inspector also followed up on related areas of non compliance identified at the previous inspection. As part of the inspection, the inspector met with residents and staff members. The provider who also fulfils the role of person in charge was not present on inspection. The inspector communicated via telephone with the provider during the inspection and also relayed the feedback to the provider on 30 October 2015.

The inspector observed practices and reviewed documentation such as care plans, medical records, incident logs, policies and procedures and staff files. While evidence of good practice was found improvements were also identified by the inspector under Outcomes including those that related to staffing, risk management and provision of social care.

The health care needs of residents appeared to be well met although improvement
was required to aspects of some residents’ care planning documentation to ensure continuity of care. The inspector found that residents had good access to general practitioner (GP) services and access to other allied health services.

The findings are discussed further in the report and all improvements required are included in the Action Plan at the end of the report.
**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):**

**Findings:**
There was no change to the role of person in charge since the last inspection. The provider who also fulfils the role of person in charge has remained in this post.

**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):**

**Findings:**
This Outcome is included to ensure issues detailed under other Outcomes of this report are addressed as part of the agreed action plan.

All information requested by the inspector was not readily available. The person in
charge was not available during the inspection and had not implemented an effective system to ensure all records as listed in the Regulations were available for inspection such as staff files and the risk management policy. Therefore required actions from the last inspection that related to staff files, training records, residents’ finances and the risk management policy could not be examined by the inspector.

Actions required from Outcomes 9 and 18 relating to medication management and the staff roster are included under this Outcome.

Judgment:
Non Compliant - Moderate

**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):**

**Findings:**

Measures were in place to protect residents from being harmed or abused. Required action from the previous inspection around the management of the use of restraint and policy on the prevention, detection and response to abuse had been addressed.

There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. Staff displayed sufficient knowledge of the different forms of elder abuse and clearly described reporting procedures. Staff informed the inspector that they had received training on identifying and responding to elder abuse although training records were not accessible to the inspector.

Continued improvements had been noted around the management of the use of restraint and the use of bedrails had reduced. The inspector viewed a sample of residents’ files and found that appropriate risk assessments had been undertaken. Staff confirmed alternatives had been tried prior to the use of bedrails and this was also documented in records viewed. The inspector saw alternatives in use including low beds and floor mattresses to reduce the need for bedrails.

The inspector was informed by staff that there were currently no residents with behaviours that challenged. Arrangements were in place to manage potential behaviours that challenge. The inspector saw that specific details such as possible triggers and interventions were recorded in residents' care plans, where residents had previously
exhibited behaviours that challenged. Staff described appropriate interventions they would use in the event of potential behaviours that challenge. The inspector noted that additional support and advice have been sought and made available to the person in charge and staff from the psychiatry of later life services.

Residents' financial records were not accessible at the time of inspection. A required action relating to this is included under Outcome 5.

**Judgment:**
Compliant

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

**Theme:**
Safe care and support

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

**Findings:**
Processes were in place to promote and protect the safety of residents, staff and visitors to the centre although improvement was required to aspects of risk management.

Actions from the previous inspection that related to infection control, the emergency plan, and areas of fire safety and risk management had been completed. Some required actions relating to risk management procedures, hazard analysis and risk assessment could not be verified as these documents were not available on inspection. The inspector was also unable to view staff training records although staff spoken to reported that they had up to date training in fire safety and moving and handling. A required action relating to the accessibility of records is included under Outcome 5.

There was a risk management framework in place that included a health and welfare statement that had been updated in October 2014. A risk register was maintained, which included clinical and environmental risk assessments. Specific risks identified on the last inspection that related to the use of infection control practices, absence of call bells in some communal rooms, the widespread use of raised toilets for residents and a defective handrail had been addressed.

While there was better management of the smoking arrangements in the centre, the inspector found that smoke continued to drift from the smoking room located in the entrance area in other parts of the centre used by residents. The centre policy on smoking had not been fully implemented. For example, in response to previous inspection findings, the reception door adjacent to the smoking room was meant to be kept closed to control the spread of cigarette smoke. However, on occasion this door and the door to the smoking room were left open resulting in a smell of cigarette smoke.
in some communal areas. This issue was responded to by the nurse on inspection. Since the last inspection the provider had increased ventilation in the smoking room. Shortly after the inspection the provider confirmed that he had sourced a glass panelled fire safety door for installation in the smoking room which would enable appropriate supervision and also facilitate residents’ wishes.

There was a satisfactory standard of cleanliness in the centre and systems to control and prevent infection including policies to guide staff practice along with staff education had now been put in place. Staff were familiar with infection control precautions that had been implemented to prevent and control the spread of infection. In response to the last inspection hand-washing and drying facilities had been installed in the communal residents’ toilets and the laundry room. Cleaning facilities had also been provided for the safe storage of cleaning equipment and chemicals.

There was an emergency plan that identified what to do in the event of emergencies and included contingency arrangements for staff to follow in the event of an emergency that required full evacuation of the centre.

The provider had put in place adequate fire safety precautions. For example, there was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire. Suitable fire equipment was provided. The fire alarm was serviced quarterly and fire safety equipment was serviced on an annual basis.

Judgment:
Substantially Compliant

**Outcome 09: Medication Management**

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

Theme:
Safe care and support

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

Findings:
There was evidence of good medication management practices but some improvement was required regarding the prescribing of medication to be administered as and when required (PRN) and medication to be crushed prior to administration.

From the sample of records reviewed on this inspection, some residents required medication on a PRN basis. However, the maximum dose that could safely be administered in a 24 hour period was not consistently documented. Some residents also required their medication to be crushed. In some instances, the medication was not individually prescribed as requiring crushing in line with professional guidelines. A required action relating to these two matters is included under Outcome 5.
The inspector reviewed a sample of residents’ medical notes and read that residents’ health needs were being monitored. Residents’ medications were reviewed regularly and an out-of-hours GP service was available to residents.

Appropriate arrangements were in place for the safe management and storage of medications that required special controls (MDAs). Adequate refrigerated remained in place for the storage of medications that required temperature control and the temperature of the refrigerator was regularly monitored. The inspector also noted that the medication trolleys were secured and the medication keys were kept by a designated nurse at all times.

There were appropriate procedures in place for the handling and disposal of unused and out-of-date medicines. The pharmacist completed a monthly medication audit in conjunction with a staff nurse. The pharmacist also provided support and advice as necessary.

There was a system in place for the recording and management of medication errors. Staff who spoke with the inspector described the process for the recording and management of medication errors.

The inspector noted that nursing staff had completed medication management training. At the time of inspection a recently employed nurse working supernumerary in the centre was in the process of completing this training.

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):**

**Findings:**

Residents’ health care needs appeared to be met although improvement was required to aspects of the care planning process and social care. Required action identified on previous inspections had not yet been adequately addressed. Appropriate medical care was provided and residents had access to allied health professionals. The inspector also
saw that advice and support was available from specialist nurse when required.

The inspector viewed a sample of residents’ files, including the files of residents with compromised skin integrity, nutritional needs and at risk of falling. A range of risk assessments continued to be completed for each resident and had overall been used to develop informative care plans that were individualised, person centred and described the care to be delivered. There was evidence that assessments and care plans were regularly reviewed.

While there was evidence of good practice, improvements were required to areas of some residents’ care planning documentation in order to guide staff practice and accurately reflect the current needs of these residents. For example, the inspector noted that a care plan in place for the management of one resident's wound did not include guidance on the wound dressing regime including the type of dressing used and frequency of changing. It was not evident that residents were actively involved, where possible in the development and review of their care plan. Nursing staff informed the inspector that they set down with the resident and/or their representative and discussed their care planning.

The inspector saw that meaningful activities took place when the activities coordinator came to the centre in the afternoon. This included sing songs and Halloween related activities that residents appeared to really enjoy. However, there were very limited social care interactions with residents before this and the inspector observed residents sitting in day areas for long periods without any activity. The inspector found that activities were dependant on the routine and resources of the centre. The inspector noted that the activities coordinator worked from 1.30pm to 4.30pm Tuesday to Friday and from 12pm to 3pm on Mondays. She had developed an activity programme based on residents’ preferences, the seasons and interesting talks about current events. Some residents spoke positively about the activities that were provided. Residents who chose to spend time in their bedrooms or were confused or who had dementia related conditions were encouraged to participate in the group activities. Specific one to one sessions were carried out with these residents, however, this was limited. Required action relating to social care is included under Outcome 16. The provider confirmed that a temporary arrangement had been put in place whereby activity provision had been increased.

**Judgment:**
Substantially Compliant

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**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):**

**Findings:**
This Outcome is included to ensure improvements required in relation to social care as detailed under other Outcome 11 of this report are addressed as part of the agreed action plan.

**Judgment:**
Substantially Compliant

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**Outcome 18: Suitable Staffing**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

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

**Findings:**
Required actions from the previous inspection on recruitment and training were not reviewed on this inspection as the associated records were not available to the inspector. An action relating to this issue is included under Outcome 5. While the provider had improved staffing arrangements since the last inspection the required action on staffing had not been adequately addressed.

The provider had increased nursing and care staff hours but the staff rosters required further review to ensure adequate staff were on duty at all times to meet the assessed needs of residents. At times during the inspection, the inspector noted that residents were not adequately supervised. Staff rosters were maintained in the centre but the actual roster did not accurately reflect staff on duty. The inspector noted that the person in charge and the matron were recorded as working on the staff roster but were not on duty at the time of inspection. A required action relating to the staff roster is included under Outcome 5. The provider confirmed that he was actively addressing this matter.

**Judgment:**
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:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Pilgrims Rest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-000376</td>
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<tr>
<td>Date of inspection:</td>
<td>29/10/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>22/12/2015</td>
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Requirements

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

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

Outcome 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The maximum dose that could safely be administered in a 24 hour period for some medications to be administered as and when required (PRN) was not consistently recorded.

Some medications that required crushing were not individually prescribed as such.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

**Please state the actions you have taken or are planning to take:**
A system has been put in place to ensure that for each resident who’s medication requires to be crushed that a separate order is made by the GP and signed for each individual medication.

All GP’s who provide medical cover to the centre have been contacted and have updated the necessary prescriptions to show the maximum daily dose of Prn medication for each resident where appropriate.

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

**Theme:** Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy was not available on inspection.

2. **Action Required:**
Under Regulation 04(2) you are required to: Make the written policies and procedures referred to in regulation 4(1) available to staff.

**Please state the actions you have taken or are planning to take:**
The Risk Management Policy had been removed for updating and is now updated and back in the health and safety folder.
Policies are stored in the Nurses office to which all staff have access, policies are also emailed to staff.

**Proposed Timescale:** 22/12/2015

**Theme:** Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
An effective system was not in place in the absence of the person in charge to ensure all records as listed in the Regulations were available for inspection.

The person in charge and the matron were recorded as working on the staff roster but were not on duty on the day of inspection.

3. **Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in
Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

Please state the actions you have taken or are planning to take:
On the day of the inspection the PIC and deputy were attending a family event, the office manager who had access to staff files left the centre at 3:30 pm, before the inspector had viewed the files, unfortunately she locked the filing cabinet before leaving, the PIC or deputy would usually be in the centre at this time.

In future to comply with regulation the senior Nurse on duty will have access to and awareness of the location of; Resident finance records, also schedule as 2,3,4 files including staff training files.

Staffing roster. The roster arrangement has been reviewed with responsibility given to the secretary to show changes in the event of absence of the PIC or deputy where necessary.

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:
Cigarette smoke continued to drift from the smoking room located in the entrance area into other parts of the centre used by residents.

4. Action Required:
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
A glazed fire door is currently being made for the smoking room this ½ hour door with large wire glass panel will enable to safe supervision of residents using the smoking room while keeping the door shut, stopping the smoke from spreading to the resident areas.
Residents are happy to use the front of house smoking room for social inclusion.

Proposed Timescale: 07/01/2016

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was limited documented evidence that residents were actively involved in the review of their care plan.

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

Please state the actions you have taken or are planning to take:
We meet with residents and their families, where appropriate, to review assessments and care plans, however this is not reflected in all documentation. We are currently reviewing all plans to ensure that such communication and consultation takes place and is documented.

Proposed Timescale: 31/12/2016

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Aspects of some residents' care planning documentation did not include sufficient instruction to inform staff practice regarding residents’ current needs.

6. 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:
The practise of evidence based wound care in the case of a resident having a wound dressing was not well documented and while the GP had prescribed a specific wound dressing it was not recorded in the care plan.
All staff have been informed of the need for consistent recording of evidenced based planning and care practise.

Proposed Timescale: 30/11/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
There was were very limited social care interactions with residents during part of the inspection.

7. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
We have reviewed resident activity and supervision and have identified the need for activity provision between the hours of 10 am to 12 noon.
Staff rosters have been amended and hours increased to meet this need.

Proposed Timescale: 30/11/2015

Outcome 18: Suitable Staffing
Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Sufficient number of staff were not consistently on duty at all times to ensure residents' assessed needs were continually met

8. 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:
We have reviewed resident activity and supervision and have identified the need for supervision of residents between the hours of 10 am to 12 noon.
Staff rosters have been amended and hours increased to meet this need.
We have also recruited a relief Nurse who will fill in in the event of holidays or absences to ensure a safe level of nursing cover at all times.

Proposed Timescale: 30/11/2015