

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Theresa's Nursing Home
Centre ID:	OSV-0000451
Centre address:	Leadmore East, Kilrush, Clare.
Telephone number:	065 905 2655
Email address:	sttheresaskilrush@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sundyp Limited
Provider Nominee:	Nora Grogan
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	12

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 1 day(s).

The inspection took place over the following dates and times

From: 19 January 2016 09:00 To: 19 January 2016 18:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of a monitoring inspection, which took place to monitor ongoing regulatory compliance. This inspection was unannounced and took place on one day. As part of the inspection the inspector met with residents, relatives, the person in charge, staff, and provider. The inspector observed practices and reviewed documentation such as care plans, medical records, health and safety records, incident logs, policies and procedures and staff files.

On the day of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. The inspector observed sufficient staffing and skill mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable in the company of staff.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

The provider had recently completed some structural works such as the extension to communal day areas, the provision of a separate smoking room and provision of additional en suite bathrooms. Further building works were in progress including further en suite bathrooms, staff facilities, sluice room and storage for equipment.

Some improvement's were required to recording the administration of prescribed medications, this is discussed further in the report and included in the Action Plan at the end of the report.

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

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the provider and person in charge had put systems in place to monitor the quality of care and experience of the residents on an ongoing basis.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. There was a full time person in charge with the appropriate experience and qualifications for the role and the provider who was also a nurse worked full time. Deputising arrangements were in place in the absence of the person in charge. There was an on call out of hours system in place.

There were systems in place to review the safety and quality of care. There was a planned audit schedule in place, audits/reviews had been carried out in relation to health and safety, accidents and incidents, medication management, infection control, food and nutrition, documentation, pressure ulcer care, continence, activities, privacy and dignity, manual handling, diabetic care, end of life care, restraint and management of challenging behaviour. A sample of audits reviewed indicated a high compliance rate, where improvements required had been identified, they had been acted upon. Staff spoken with confirmed that results of audits were discussed with them.

The system of review included consultation with and seeking feedback from residents and their representatives. Resident/relative satisfaction surveys were completed on a six monthly basis. The inspector reviewed the results of a recent survey and noted that areas identified for improvement such as the displaying and explanation of the complaints procedure had been addressed.

Residents committee meetings continued to be held on a monthly basis and facilitated by the administrator. Minutes of meetings were recorded and a monthly newsletter was produced in consultation with residents. The newsletter was displayed in the main

reception area.

Residents and staff spoken to told the inspector that they could raise any issue with the management team and that issues raised were always acted upon.

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 with the required experience in the area of nursing older people and worked full-time in the centre. She normally worked Monday to Friday and she was on call out-of-hours and at weekends. Suitable governance arrangements were in place in the absence of the person in charge. The deputy person in charge (provider) deputised in the absence of the person in charge and supervised the delivery of care.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Authority's Standards and her statutory responsibilities.

The person in charge had maintained her continuous professional development having previously undertaken a Higher Diploma in Palliative Care. She had recently updated her training as a Sonas licensed practitioner and in male catheterisation. She attended the HIQA training day on thematic inspections. She had recently completed a European certificate in holistic dementia care.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that records as required by the Regulations were generally well maintained, however, improvements were required to medication administration records. This is discussed further under Outcome 9 medication management.

All documents as requested were made readily available to the inspector. Records were maintained in a systematic, neat and orderly manner. All policies as required were available, policies were regularly reviewed and updated as required. Systems were in place to ensure that staff read and understood policies. Staff spoken with were familiar with the policies which guided practice in the centre.

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):

No actions were required from the previous inspection.

Findings:

The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive updated policies on protection of residents from abuse and dealing with allegations and disclosures of abuse. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. All staff had recently attended a two day training programme on dealing with challenging behaviour and dementia. Residents spoken to told the inspector that they felt safe in the centre.

The inspector reviewed the policies on responding to behaviours that challenge and use

of restraint. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The person in charge advised the inspector that there were no residents who presented with behaviours that challenge at the time of inspection.

The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment, the inspector saw that alternatives such as low low beds and crash mats were in use for some residents. The person in charge told the inspector that there were no residents using bed rails or other restraint measures at the time of inspection.

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):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that the health and safety of residents, visitors and staff was promoted.

There was a recently updated health and safety statement available. The risk register and found it to be comprehensive and had been recently reviewed and updated. All risks specifically mentioned in the Regulations were included. The person in charge had documented and put in place a risk plan for structural improvement works which were taking place to the building.

There was a comprehensive emergency plan in place which included clear guidance for staff in the event of a wide range of emergencies such as power outage, loss of water supply, heat outage, flooding and included the arrangements for transport and accommodation should it be necessary to evacuate the building.

Training records reviewed indicated that all staff members had up-to-date training in moving and handling. The inspector observed good practice in relation to moving and handling of residents during the inspection. The person in charge was a certified moving and handling instructor and had completed updates in this area.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in April 2015 and the fire alarm was serviced on a

quarterly basis. The fire alarm was last serviced in October 2015. Systems were in place for weekly testing of the fire alarm and these checks were being recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Training records reviewed indicated that all staff had received up-to-date formal fire safety training.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspector noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The building was found to be clean and odour free.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:

The inspector noted that while the policies and procedures for medication management were generally robust some improvements were required to recording the administration of prescribed medications. Residents had a choice of pharmacist.

The inspector reviewed the medication management policy which was found to be comprehensive, and gave detailed, clear guidance on areas such as administration, prescribing, storage, disposal, crushing, "as required" (PRN) medications, medications requiring strict controls and medication errors.

The inspector spoke with a nurse on duty regarding medication management issues. The nurse demonstrated her competence and knowledge when outlining procedures and practices on medication management.

The inspector reviewed a sample of medication prescribing and administration sheets. All medications were regularly reviewed by the general practitioners (GP). Medications that were required to be crushed were individually prescribed as such.

The inspector reviewed a sample of medication administration records. Medication administration sheets identified the medicines on the prescription sheet and allowed

space to record comments on withholding or refusing medications. The inspector noted some gaps in the medication administration records where the record was left blank with no reason documented. This action is included under Outcome 5 documentation.

Nursing staff reported that no residents were self-administering medication at the time of inspection.

Medications requiring strict controls were appropriately stored and managed. The inspector saw that these were stored in a double locked cupboard in the clinical room. Records indicated that they were counted and signed by two nurses at change of each shift in accordance with the centre's medication policy. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

Systems were in place for recording of medication errors and the ordering, receipt and return of medications to the pharmacy, nursing staff were familiar with them. Nursing staff informed the inspector that there had been no recent medication errors.

Monthly medication management audits were carried out. The inspector reviewed the last audit dated December 2015 and noted that no significant issues had been identified. Nursing staff confirmed that the result of audits had been discussed with them and improvements brought about as a result.

Nursing staff spoken with told the inspector that they were currently in the process of completing on line medication management refresher training. The person in charge advised the inspector that she planned to hold a medication management review day once all nursing staff had completed the training.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents, accidents and other required notifications. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The person in charge had put in place a system for recording, investigating and learning from incidents and accidents. Details of the incident were well recorded including the

immediate and follow up action taken.

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:

The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. Residents continued to have opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to GP services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents at high risk of falls, nutritionally at risk and with dementia. The inspector was informed that there were no residents with wounds, restraint measures in place or presenting with behavioural issues at the time of inspection.

Comprehensive up-to-date nursing assessments were completed. A range of up-to-date risk assessments had been completed including nutrition, dependency, manual handling, falls, skin integrity and incontinence. Care plans were found to be person-centred, individualised and described the care to be delivered. Care plans were in place for all identified issues. Care plans had been reviewed and updated on a regular basis.

The inspector was satisfied that weight loss was closely monitored; residents were

nutritionally assessed using a validated assessment tool. All residents were weighed monthly. Nursing staff told the inspector that that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and/or SALT. Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed.

The inspector reviewed the files of residents who were at high risk of falls and some who had fallen recently. There was evidence that falls risk assessments and falls care plans in place were updated post falls. Additional measures including low low beds, alarm and crash mats had been put in place for some residents.

The needs of residents with dementia including their psychological, emotional, communication and maintaining safe environments needs were set out in their care plans. They were found to be individualised and informative.

Staff continued to provide meaningful and interesting activities for residents. The daily and weekly activities schedule was displayed. Staff were observed interacting with residents as they performed their work duties and facilitating planned activities. The inspector observed residents enjoying a variety of activities during the inspection including joining in the daily mass celebrated in the local church via video, watching reminiscence DVD and partaking in an exercise programme. Many of the residents actively partook while others stated that they enjoyed listening and looking on. Residents spoken to told the inspector that they enjoyed the variety of activities taking place. Some residents liked specific activities such as gardening and these were encouraged and facilitated. Photographs of the residents enjoying recent activities were displayed in photo albums. Residents and staff spoke of enjoying the recent Christmas parties and celebrations. Three staff members had completed Sonas training (therapeutic programme specifically for residents with Alzheimer's disease) and had attended an activities training course. Records relating to residents participation in activities was recorded and evaluated regularly.

Judgment:
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:

The provider has continued to invest in the premises and has carried out extensive structural works since the last inspection in order to fully comply with the requirements of the Regulations and standards. Further improvements/works are currently under construction. The proposal to increase the size of the existing four bed room and extend the existing en-suite to improve facilities has not yet been completed.

The works completed since the last inspection included

- extensions to two day rooms completed
- separate smoking room provided
- several en suite assisted shower rooms provided to single bedrooms
- assisted shower room upgraded
- storage facilities for equipment provided
- the external façade repainted
- specialised beds provided
- new built in wardrobes provided to bedrooms
- soft furnishings including curtains and bed linen renewed
- landscaping of gardens

Further structural building works were in progress and included

- additional en suite bathrooms to bedrooms
- new sluice room
- extension to the laundry room
- staff facilities
- storage for equipment, linen and archives
- enclosed garden area

The provider and person in charge had planned and scheduled building works to minimise disturbance to residents, there were six bedrooms not in use due to building works at the time of inspection.

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):

This was the centre's first inspection by the Authority.

Findings:

On the day of inspection, there was an adequate ratio of staff to residents on duty. A staff nurse and four care assistants were on duty during the morning and afternoon, one nurse and two care assistants on duty in the evening time and one nurse and one care assistant on duty during the night time to meet the needs of 24 residents. In addition, the person in charge worked from 09:30 hrs to 17:00 hrs and the provider who was also a nurse worked from 10:30 hrs to 18:00 hrs Monday to Friday. Staffing rosters viewed and staff spoken with confirmed that staffing levels were flexible and that the person in charge arranged for additional staff when there was a change in residents' needs. Residents and staff spoken with were satisfied that there were adequate staffing levels and skill mix.

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on the requirements of the Regulations. Staff files were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff nurses. Details of induction/orientation received, training certificates and appraisals were noted on staff files.

The management team were committed to providing on going training to staff. Training records indicated that staff had attended recent training in cardiac pulmonary resuscitation, dealing with dementia and challenging behaviour, sensory deprivation awareness, incontinence promotion, changing of peg feed tubes, male catheterisation, tracheostomy, venapuncture, and nutrition. Further training was planned in conjunction with the dietician and advocacy training with SAGE(support and advocacy services for older people) was scheduled for February 2016.

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:

Mary Costelloe
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 report¹

Centre name:	St. Theresa's Nursing Home
Centre ID:	OSV-0000451
Date of inspection:	19/01/2016
Date of response:	10/02/2016

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 inspector noted some gaps in the medication administration records where the record was left blank with no reason documented.

1. 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

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

the Chief Inspector.

Please state the actions you have taken or are planning to take:

Following the Inspection, The Medication Policy was reviewed by all Nurses with the Person in Charge and amendments made to include the following:

Should a signature or code be omitted by human error this will be followed up by the Nurse who identifies the omission in Documentation with the Dispensing Nurse at that time of omission and a note documented in the Residents file and also on the Medication chart in their absence.

Medication practices which may lead to an omission in documentation were also reviewed to ensure that such occurrences of omission in documentation does not become common place.

Proposed Timescale: Immediate

Proposed Timescale: 19/01/2016