

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Eithne's Rest Care Centre
<b>Centre ID:</b>	OSV-0000699
<b>Centre address:</b>	Corbally, Tulsk, Castlerea, Roscommon.
<b>Telephone number:</b>	071 963 9980
<b>Email address:</b>	steithnasnh@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	TSP Suil Ar Aghai Limited
<b>Provider Nominee:</b>	Seamus Conway
<b>Lead inspector:</b>	Marie Matthews
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	9
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 11 February 2016 04:00 To: 11 February 2016 20:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Non Compliant - Moderate
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	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report sets out the findings of a monitoring inspection, which took place on 11 February 2016. This was the sixth inspection of this centre. The centre is located in a small housing estate just off the N5 beside the parish church in the village of Tulsk in County Roscommon. It's short walk from the centre to the village. The centre is owned and operated by the local parish committee and provides care for 10 residents with low to medium dependency needs from the local community. There were nine residents on the day of the inspection receiving for long term care.

The inspector met with the residents and staff members during the inspection. The Person in Charge was on planned leave but spoke with the inspector following the inspection. The residents spoken with were very complimentary of the care provided and said they felt safe and well looked after. They told the inspector that the meals provided were of a high standard and said they had a choice about their daily routine.

The inspector found that the centre was clean and well maintained. Residents' rooms were personalised to reflect their interests.

The inspector reviewed the actions from the last inspection and found that most of

the actions had been addressed. Improvements were required in relation to ensuring that care plans were updated to reflect any changes in the residents' circumstances and that care plans were made available to residents. There were also no apparent procedures in place to ensure policies required under the regulations were periodically reviewed. Although various audits were been completed by the Person In Charge, an annual report on the quality and safety of care provided to residents had not been prepared. Actions in relation to the breaches identified have been included in the action plan attached to this report for the providers attention.

**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):**

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

**Findings:**

There were no changes to the governance structure since the last inspection and a clearly defined management structure was in place. The Person in Charge was part of the nursing staff in the centre four days a week and had one day assigned for clinical governance. She reported directly to the board of management which met monthly. A senior nurse deputises in the absence of the person in charge. There have been no absences of the person in charge for such a length that required notification to the Chief Inspector.

On the previous inspection, the inspectors identified that improvements were necessary in the area of auditing and reviewing the quality of the service to improve the overall standard of care. The nurse on duty confirmed that a range audits had been completed by the Person in Charge. This was verified by the inspector and the information was subsequently forwarded to the Authority. Audits had been completed in a number of areas including care planning, food and nutrition hygiene, diabetes care and medication. In discussion with the PIC following the inspection, she confirmed that an annual review of the quality and safety of care delivered to residents had not yet been fully completed. The PIC agreed to forward this to the Authority on completion. Additionally, there was no apparent management system in place to ensure that policies were regularly reviewed and appropriately dated to reflect the review date. An action to address this has been included under outcome 5.

**Judgment:**

Non Compliant - Moderate

***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:**

There was no change to the role of Person in Charge (PIC) since the last inspection. She is a registered nurse with extensive experience in the area of nursing older people and works full-time in the centre. The rota indicated that the PIC worked from Monday to Friday and she was on call, out-of-hours and at weekends. A senior nurse deputised in the absence of the person in charge.

The Person in charge was not present on the day of the inspection however she contacted the inspector following the inspection and the findings of the inspection were relayed to her. She demonstrated good clinical knowledge and she was knowledgeable regarding her responsibilities and the Regulations. From a review of the training matrix available the inspector saw that she maintained her professional development and had attended various courses and study days since the last inspection including training in safe moving and handling, activity provision for residents with dementia care, palliative care, and fire safety. The Person in Charge's personnel file was not accessible on the day of inspection however she submitted documentation subsequently to evidence that her professional registration with An Bord Altranais was up to date.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre  
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The actions from the last inspection had been addressed. The directory of residents was reviewed by the inspector and details of the resident's marital status, and the name and address of the organisation organising the resident's admission were included for any residents admitted since the last inspection.

The Residents' Guide was not available during the inspection however a copy was subsequently forwarded by the Person in Charge. It contained the information required under Regulation 20 of the Health Act 2007 (Care and welfare of residents in Designated Centre's for Older People) Regulations 2013. A copy of the contract of care between the registered provider and the resident had been included in the contract of care. This was an action from the last inspection. The Inspector reviewed a selection of policies including; the adult protection policy, the risk management policy and the complaints policy. The policy on risk management had been recently reviewed however the inspector observed that some policies for example the complaints policy had not been reviewed since the last inspection and there was review date shown on the policy. Additionally, there was no apparent management system in place to ensure that policies were regularly reviewed and appropriately dated to reflect the review date.

**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:**

No incidents, allegations or suspicions of abuse have been recorded or notified to the Authority since the last inspection. The two staff members on duty could clearly describe what constitutes abuse, and were aware of what to do in the event of an allegation, suspicion, or disclosure of abuse. Both were clear that they would report any suspicions to the Person in Charge (PIC). The centre's policy and procedures on prevention, detection and response to elder abuse were available to guide staff.

The staff on duty confirmed that there were no residents with behaviours that challenged however the inspector observed that the centres risk management policy provided guidance on the management of such behaviours. Records reviewed by the

inspector confirmed that all staff had completed training in adult protection which was delivered by the PIC who had completed the train the trainer course on adult protection. The centre did not manage the finances of any of the residents. The nurse on duty confirmed that residents or their next of kin managed their own finances. The inspector observed during the inspection that there were no restraints in use.

**Judgment:**

Compliant

***Outcome 08: Health and Safety and Risk Management***

***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

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

**Findings:**

The action from the last inspect was partially addressed. A copy of the risk management policy was available and the inspector saw that it had been updated since the last inspection. It included procedures for identifying and managing incidents of assault, aggression and violence and self-harm. The policy available however did not included guidance for staff on the arrangements in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.

All fire exits were noted to be unobstructed on the day of inspection. Fire exit signage was in place to indicate the location of fire exit doors and escape routes from the building. Fire safety records were maintained and the inspector saw that the fire alarm and fire fighting equipment were regularly serviced. The fire evacuation procedure was displayed and contingency arrangements were in place to evacuate the building in the event of a fire. The contact numbers for the various emergency services were documented in the plan. A maintenance person was available on-call outside of office hours. There was evidence that staff participated in fire safety training. Fire drills were completed twice a year and the records included the duration of the drill and what took place.

The inspector reviewed records of all accidents and incidents. Neurological observations were completed where residents sustained an unwitnessed fall or had a suspected head injury. Resident's were subsequently reviewed by their General Practitioner's (GP) and their falls risk assessment was updated however in one file reviewed this had not been completed.

The environment was clean and measures were in place to control and prevent infection. Personal protective equipment was provided and cleaning equipment was

stored separately. Training records reviewed confirmed that all staff had completed training in safe moving and handling.

**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):**

No actions were required from the previous inspection.

**Findings:**

Medication was supplied to the centre by the residents' choice of pharmacy in blister packs. The nurse was knowledgeable with regard to the procedures to follow if a resident refused prescribed medications. There were no residents at the time of inspection being administered medication that required special control measures (MDAs) but control measures were in place for these medication including a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody). A register of controlled drugs was maintained which was checked at the change of each shift and signed by two nurses.

The medication administration sheets of two residents were reviewed. A photograph of each resident was available to ensure the correct identity of the resident receiving the medication, and reduce the risk of medication error in the sample examined. Medication was administered within the prescribed time frames and was signed by the nurse. Staff had completed medication charts appropriately and there was space to record when a medication was refused on the administration sheet however, the formatted text on the administration record in use had become faded and the headings were difficult to read. This was brought to the attention of the Person in Charge following the inspection. There was space to record when medication was discontinued and these were signed on the sample reviewed. The maximum amount for PRN medication within a 24hr period was indicated on all prescription sheets viewed by the inspector.

**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):**

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

**Findings:**

The inspector observed the delivery of appropriate care to residents during the inspection. All of the residents who spoke with the inspector said that they were well cared for by staff. The inspector reviewed the care plans of three residents. Care plans were written in a person-centred manner and all information in relation to individualised care was available in one file, ensuring that information was easily accessible to nurses. A pre-admission assessment was completed prior to admission to ensure the centre could meet the residents' needs. Care plans were in place for each identified care need and the inspector saw that these were reviewed every four months. There were no residents with pressure sores, infections or weight loss on the day of inspection.

A range of evidence-based assessment tools were used to identify clinical risks including mobility, falls and nutrition and cognitive impairment. The staff spoken with nurses spoken could describe residents' individual needs and their likes and preferences. There was evidence of regular review by General Practitioner (GP) services documented by the G.P. in the medication charts. There was access to allied health services through the Health Services Executive (HSE) including speech and language therapy and dietetic services as required. A chiropodist attended the centre regularly and audiology and optometry services were available on referral. Staff interviewed described good links with the local palliative care team. The inspector was told that the services of a physiotherapist previously provided privately were no longer available to residents and no alternative arrangements had been made to provide this service. None of the current residents were assessed as requiring physiotherapy services and the nurse on duty said that staff had continued with a programme of passive exercises devised by the physiotherapist previously employed. There was a daily activity programme for residents which included bingo, art and crafts baking gardening and reminiscence therapy. There were regular visitors from the local community.

On the previous inspection, there was no guidance available for staff on the management of urinary catheters and infection prevention. None of the current residents had a urinary catheter in place however; the inspector saw that this protocol was now available to assist residents with catheter care. In discussions with residents the inspector found that while care needs were met and residents expressed satisfaction with the care provided, there was still limited recorded evidence of involvement by the residents in their care plans. The inspector also observed in another care plan where a resident had sustained a minor fall, the care plan for falls prevention did not reflect the incident. In discussions with the staff nurse and the PIC the incident was thought to be an isolated incident in a resident who was otherwise independent. However, there was

no evidence that the incident had been reviewed or discussions to determine if any future falls prevention strategy should be put in place.

**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):**

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

**Findings:**

An actual and planned rota was available which was reviewed by the inspector. It included all staff working in the centre. A nurse was on duty at all times. A staff handover occurred at the commencement of the morning and night shift. There were 9 low to medium dependency residents in the centre on the day of inspection. The rota confirmed that a nurse and a care assistant were on duty during the day and a staff nurse was on night duty. Residents and staff told the inspector that they the staffing levels were adequate to meet the needs of residents.

Residents were observed to be supervised in communal areas at all times during the inspection and one staff member assisted in the dining room during the evening meal. The residents who spoke with the inspector said that the staff were attentive. A training matrix was available and the training records verified that mandatory training in adult protection, safe moving and handling and fire safety was up-to-date for all staff. Due to the absence of the Person in charge the inspector did not gain access to review staff files during this inspection. A sample of documents required under Schedule 2 of the regulations was requested following the inspection and these were subsequently forwarded by the Person in Charge which evidenced that appropriate recruitment procedures were adhered to.

**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:***

Marie Matthews  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	St Eithne's Rest Care Centre
<b>Centre ID:</b>	OSV-0000699
<b>Date of inspection:</b>	11/02/2016
<b>Date of response:</b>	15/03/2016

### 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 02: Governance and Management

#### Theme:

Governance, Leadership and Management

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

An annual review of the quality and safety of care delivered to residents in the designated centre was not available.

#### 1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

Currently putting in place an effective management structure incorporating all practices and aspects of care ensuring quality of care to residents.  
Discussion on this at nurses meeting 15/03/16.

**Proposed Timescale:** 30/04/2016

**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 observed that some policies had not been reviewed since the last inspection and there was no review date shown on the policy. Additionally, there was no apparent management system in place to ensure that policies were regularly reviewed and appropriately dated to reflect the review date.

**2. Action Required:**

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Policies had been reviewed May 2015 but had been signed off on a separate sheet as space was insufficient on original signing sheet. 2015 signing sheet was incorrectly filed behind staff signatures sheet and therefore not instantly accessible. A separate signing sheet will be put in place for each policy at next review.

**Proposed Timescale:** 27/05/2016

**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 still limited recorded evidence of involvement by the residents in their care plans.

**3. Action Required:**

Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent of that resident or where the person-in-charge considers it appropriate, to his or her family.

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

Nurses meeting taking place 15/03/16 to discuss care planning and resident documentation. Two members of nursing staff to attend study day (INMO) Assessment and care planning in residential settings for older people. Greater involvement by residents in their care plans effective immediately.

**Proposed Timescale:** 15/04/2016

**Theme:**

Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There was no evidence that care of one resident who sustained a minor fall had been reviewed or discussions taken place to determine if any future falls prevention strategy should be put in place.

**4. 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:**

Following discussions with resident, nursing staff, and at board meeting 14/03/16 it was agreed to purchase a more suitable bed as on review it was felt resident size and size of bed contributed to minor fall.

**Proposed Timescale:** 25/03/2016