

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Mary's Centre Nursing Home
Centre ID:	OSV-0000104
Centre address:	St. Mary's Centre Telford Ltd, 185/201 Merrion Road, Dublin 4.
Telephone number:	01 269 3411
Email address:	breda.ryan@stmarysblind.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St Mary's Centre (Telford)
Provider Nominee:	Muireann Cullen
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	55
Number of vacancies on the date of inspection:	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.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

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

The inspection took place over the following dates and times

From: To:
11 October 2016 11:00 11 October 2016 19:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Major
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to follow up on matters arising from a monitoring inspection carried out on 4 August 2016 and to monitor progress on the actions required. This inspection also considered information received in the form of information received, notifications forwarded by the provider and other relevant information.

As part of the inspection, the inspector met with residents and staff members observed practices and reviewed documentation such as policies and procedures care plans, medical records and personnel files.

A good standard of nursing care was found to be delivered to residents with respect and good humour. Staff were knowledgeable of residents and their abilities and responsive to their needs. Safe and appropriate levels of supervision were in place to maintain residents' safety in a calm and unobtrusive manner. Residents healthcare

needs were met to a good standard with timely referral to and speedy review by medical and allied health professionals.

There was evidence of progress in many areas by the provider in implementing the required improvements identified at the last inspection. In particular improvements were noted in the variety of meaningful activities available to residents within the centre and the assessment and planning of care to meet health and social care needs. Further improvements are still required in some areas although it is acknowledged that the timeframe for completion of actions arising from the last inspection had not expired when this inspection took place. However, it was found that appropriate recruitment processes that ensured protection of residents through completion of required Garda Vetting were not being fully implemented.

The Action Plan at the end of this report identifies a number of areas where improvements are still required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 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:

Some improvements to governance systems in place were found on this inspection and included improvements to monitoring quality and safety of care;

- Recruitment of one full-time and three part-time nurses and six healthcare assistants.
- A full review of medication management systems was conducted since the last inspection. The review included the senior management team with the external pharmacist. Implementation of improvements identified were found on this inspection such as; better time management of early morning handover period to ensure medication administration commences on time, review of the times of administration of key medication such as medicines to manage symptoms of Parkinson's disease and analgesia.

-A review of the structure and remit of the multi disciplinary (MDT) team meetings to improve the effectiveness of the system in place to review and respond to issues affecting quality and safety of care. This includes an improved reporting structure to ensure all issues are actioned and reported to the quality and safety team (Q&S) and senior management team. Agendas for these teams were viewed and also the minutes of the senior management team for September where it was noted that feedback from the MDT and Q&S was documented.

- An annual review of the quality and safety of care was conducted and a report completed using the HIQA guidance template. The report was detailed and included an improvement plan with timeframes for completion. However, it was noted that the report needs further review to ensure all aspects are fully completed and that the assurance methods are used to provide an accurate assessment of the centres performance.

Some actions were not fully addressed although the timeframe for completion had not expired including;

- A full review of the audit processes to ensure a complete cycle of audit was in place was not done as audits were not available for review at the time of inspection, although the inspector was told that they were in progress. Some evidence that audits of practice were ongoing was found in relation to medication and care planning with some improvements found in both areas.
- Improvements to the management of unforeseen absences were found and all nurses rostered were on duty on the day of inspection. Nevertheless, it was found that staff replacement for unplanned absences remained a difficulty and staff were not always replaced including on the day of inspection.
- Improvements to care delivery were found on this inspection but delegation, communication and supervision systems were not fully effective. This is fully referenced under outcome 18 staffing.

Judgment:

Substantially Compliant

Outcome 05: Documentation to be kept at a designated centre

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

Theme:

Governance, Leadership and Management

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

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

Findings:

Actions were required in relation to updating policies and procedures. The inspector viewed a sample of policies and procedures in the centre and found that they were under review. Although all policies were not yet revised the timeframe for completion of the action had not yet expired.

On the last inspection it was found that, on a sample reviewed, personnel records contained all necessary qualifications, references and Garda vetting documentation required by Schedule 2 of the regulations. However, as the provider had recently held a recruitment campaign to increase staffing resources, the inspector reviewed the personnel files again on this inspection. The inspector found that half of the newly appointed staff did not have Garda vetting disclosures and other essential documentary requirements on their file this aspect is fully referenced under outcome 7 Safeguarding. The recruitment policy although available was not implemented. It was also noted that

this policy did not provide sufficient guidance to ensure that staff may only work in the centre or that students and volunteers may only attend the centre when appropriately vetted

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

Findings:

Suitable arrangements were in place for periods of absence of the person in charge. The senior clinical nurse manager nominated to replace the person in charge had the qualifications and experience required to undertake the role.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

On the last inspection, it was found that measures were in place to protect residents from being harmed or suffering abuse, in that, staff were trained, aware of their role and responsibilities and were knowledgeable in the procedures and policies on prevention of elder abuse.

The inspector looked at the recruitment process implemented in the centre since the last inspection. Ten staff were recruited for full and part-time work. These included four nurses and six healthcare assistants. Evidence that the provider implemented a robust recruitment process that meets good practice for ensuring the competency and suitability of candidates to fulfil the role and safeguard vulnerable persons was not found. The inspector checked the files related to the recruitment of all recently recruited staff and found that all of the requirements of schedule 2 were not being met. In particular it was found that half of the staff, all of whom had already commenced work in the centre did not have evidence of a completed Garda vetting disclosure on their file. The implementation of proactive and appropriate recruitment processes are part of good safeguarding measures to protect vulnerable persons. Regulation 21(schedule 2) of the Care and Welfare Regulations 2013 (as amended) and the National Vetting Bureau acts 2012-2016 require that all staff are vetted and a disclosure is received from the National Vetting bureau and a judgement made on the contents of the disclosure prior to any potential staff person or volunteer starting in their positions in the centre. Failure to comply with this legislation is viewed as a serious risk to the protection of vulnerable persons by HIQA. As such, the inspector brought this risk to the provider's attention as soon as possible and issued a verbal immediate action. The provider responded promptly and appropriately by giving verbal reassurances that these staff would not return on duty until the vetting disclosures were received. This assurance was subsequently forwarded in writing on the day following the inspection along with evidence of the receipt of a vetting disclosure for one of the newly recruited staff.

In addition, the inspector found that other essential documentary requirements were not available for some staff who had already been confirmed and commenced in their positions. These included confirmation of 2016 registration with the Irish Nursing Board for nursing personnel, verification for all qualifications, updated curriculum vitae's, photographic identification and two references. . The provider did not adhere to the current recruitment policy in the centre which requires that all of the information referenced above is available.

Judgment:

Non Compliant - Major

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

Theme:

Safe care and support

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

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

Findings:

The inspector viewed the risk register and policies and procedures in the centre and found that they were under review. The risk register was being regularly updated to

ensure it reflected both clinical and non clinical risks and was up to date.

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):

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

Findings:

The person in charge with the pharmacist and clinical nurse managers carried out a full review of medication prescription and administration practices to address the findings of the last inspection. This review included the times frequency and dosage of medicines prescribed for residents and took account of residents daily routine and sleep patterns. The outcome of the review included a more balanced approach to medication administration respecting residents preferences. The review also improved compliance and ensured timely administration of medicines within recommended timeframes. This was observed on inspection where medication administration was found to be in line with recognised professional guidance

Judgment:

Compliant

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

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

Findings:

Improved identification, assessment and recording of risks were found on this inspection. Improved management and reporting was also found. The person in charge was complying with the requirement to notify the Chief Inspector within the appropriate timeframes of all notifiable incidents

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):

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

Findings:
On the last inspection evidence that a high standard of nursing care was being delivered to residents was not found. This finding was mainly as a consequence of inadequate assessment and care planning to identify and meet residents' health and social care needs. Actions arising from the last inspection were being progressed on this inspection visit. A sample of residents' medical and nursing records were checked and it was found that a review of all assessments and care plans as resident's needs changed and on a quarterly basis was in progress. Referrals, reviews, recommendations and treatments by GP's, consultants and other allied health professionals were included in the revised care plans and were also referenced in some daily nursing progress notes to give an overview of resident's current overall condition. Staff were observed to implement the recommendations of the healthcare specialists. For example, recommendations previously made to provide a quiet environment during meals to reduce distractions were now in place for one resident.

Although the timeframe for completion of all of the actions arising following the last inspection was not expired, it was found that the progress made had mitigated the risks found at that time. Nonetheless, it was also found that further improvements to assessment and care planning were required. Positive behaviour support plans to guide care and manage responsive behaviours were in place and were updated. Signs of agitation and possible triggers were referenced in the sample viewed. However, the revised plans were in the form of a pre-printed template and were not person-centred. They were not specific enough to guide staff on how to manage behaviour associated with the individual person, for example; the signs of agitation, i.e. shouting or pacing or triggers such as noisy environments, particular to the individual resident, were not identified. Management strategies were not outlined or clearly referenced and in one instance directly contradicted the advice given to staff to manage another healthcare need. Care plans in place to manage risks associated with falls did not reference residents non-compliance with some specialist recommendations or associated

behaviour risks and were not fully linked to updated risk assessments which clearly stated the need for constant supervision when mobilising.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:
Information received by HIQA related to the management of complaints in a timely manner. This was reviewed and discussed with the provider and the clinical nurse manager. The complaints record was also reviewed.
It was found that on receipt of complaints the clinical nurse manager was proactive in trying to address them in a timely manner. Evidence of contact with residents and/or their relatives to address issues raised was recorded. The clinical nurse manager also discussed issues with relevant departments to seek their assistance to address the complaint. Where required the manager then contacted the person in charge. It was found that the management of complaints at unit level was timely responsive and recorded.

However, it was found that the management of complaints required the co-operation of other departments and where this was not always timely the swift intervention of senior management and in particular the nominated complaints officer were required.

The management of complaints was found to be in line with regulatory requirements although it was not always responsive with a delay of up to four months before some were resolved and the satisfaction or otherwise of complainants following resolution was not always recorded.

Judgment:
Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful

activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

On the last inspection, a lack of meaningful activities or purposeful stimulation for residents was found. Actions required to address this non-compliance were found to have been fully implemented on this inspection visit.

Additional staff, to work as activities coordinators were in place on this inspection and a revised activities programme was in place. The programme included both group and individual activity sessions. It was found to reflect the past interests and hobbies of residents, all of whom were female, including; baking sessions; bingo; poetry and newspaper readings and movie nights. Other dementia relevant activities were included in the programme such as reminiscence, imagination gym and sonas. (a therapeutic communication activity primarily for older people, which focuses on sensory stimulation) Residents' life stories were being collated by staff who were aware of them and the inspector was told they would be used to inform reviews of the programme going forward. One to one time was scheduled for residents with more severe dementia or cognitive impairment or who would not participate in the group activities, and individually oriented activities linked to residents interests were facilitated such as; hand massage, prayers and a music playlist (tailored to reflect the resident's individual musical tastes) to help relax and distract when upset or agitated.

In conversation with some residents the inspector learned that all were very pleased with the new programme, the baking session being a particular favourite. The residents were also very complimentary of the manner in which staff met their needs. All felt safe and well looked after. One resident recalled that she had been in another centre but did not like it. Here, she said, staff were very good. Some staff were especially good and would often help to buy new clothes and other things when needed.

The inspector observed that the communal areas were well supervised by staff and one staff member remained in the sitting room with the residents. The inspector observed that although the staff person changed from time to time, when each one came in they greeted all of the residents, calling all by name and then went around each individual spending a few minutes checking how they were feeling or whether they needed or wanted anything. Once satisfied all residents comfortable, the staff then spent time, chatting, reading, laughing and smiling with several in turn. Resident's responded with smiles, stroking the hands of the staff, telling old remembered stories and singing when prompted.

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):

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

Findings:

The inspector found that there was an holistic approach to the way care was delivered to residents and staff engaged with residents in a person centred and warm manner. Suitable and sufficient staffing and skill mix were found to be in place to meet the needs of the current resident profile at the time of inspection. The staff rota was checked and found to be maintained with all staff that worked in the centre identified. Records viewed showed that opportunities for training in areas such as safeguarding; moving and handling and fire safety were provided to staff. Additional training in areas such as; care planning and assessment, medication management and responsive behaviours was planned for all nursing staff but only some had attended. Further training days were being arranged.

However, systems and resources to provide relief cover for planned and unplanned leave, although improved were not yet fully sufficient to meet the ongoing challenges. Actual and planned rosters were in place. A bank of relief staff provided cover to units for planned and unplanned leave. A recent recruitment process had increased the numbers of relief staff available to cover gaps in the roster. Despite this though, unforeseen absences were not always replaced. On review of the roster for the days immediately preceding the inspection it was found that replacement of unexpected absences remained a difficulty, particularly at weekends. Nursing cover presented the biggest challenge and the full nursing allocation three nursing shifts, were not covered for either unit throughout the weekend. On the day of inspection, one non nursing absence was not filled, although this did not negatively impact meeting residents healthcare needs.

Systems in place to allocate, direct supervise and communicate with staff were not fully effective. A staff allocation plan was completed on a daily basis. This divided the unit into three areas and the healthcare staff were allocated in pairs to each area to deliver personal care. The planner also allocated staff to tasks throughout the day such as activities, providing drinks, supervising meal service in dining rooms and recording care delivery.

Some residents' healthcare plans referenced the need for continuous supervision to reduce and prevent risks associated with absconction or falls. Healthcare staff were aware that continuous supervision was required for some residents and communicated well with each other to ensure this was provided as far as possible. Throughout the day of inspection it was observed that residents who required it were supervised. However, a specific allocation to ensure this was always provided was not in place. The inspector found that, although reduced, recurrent falls continued to occur. The inspector found that staff were not consistent in their understanding of whom they should report changes in residents condition. Although the inspector was told by the nursing team that there was a lead nurse identified on the roster to whom changes are reported, other staff were not aware of it.

The centre, as part of the local community facilitated students to experience work and life in the centre. However, the students were not effectively supervised or directed to ensure they had a positive learning experience. The inspector observed that although seeming motivated and interested, some students spent a lot of time standing or sitting around as they were not allocated to work alongside any particular staff person who could continuously direct guide and teach them how to care for older persons. The staff on duty were not aware of the extent of the tasks or role the students could appropriately be delegated as this had not been discussed with them.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Nuala Rafferty
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. Mary's Centre Nursing Home
Centre ID:	OSV-0000104
Date of inspection:	11/10/2016
Date of response:	08/11/2016

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:

Resources to replace staff where unforeseen absences arose were not always available.

1. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

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

Since the most recent inspection on 11/10/2016 we have recruited a further 3 full-time permanent staff nurses. These nurses are due to commence duties in the month of November 2016. The Staff Nurse who was seconded as a manager for Maternity Relief has returned to Loyola unit as a Staff Nurse. With all these new appointments, there will be sufficient staff nurses on the roster to oversee effective delivery of care. We continue to interview Healthcare Assistants as relief staff so that we have a sufficient bank to call upon when permanent staff are absent. Agency staff are also booked to replace staff on sick leave.

Proposed Timescale: 30/11/2016

Theme:

Governance, Leadership and Management

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

Delegation, communication and supervision systems were not fully effective in that all staff were not fully aware of reporting processes. Appropriate delegation and supervision systems were not in place.

2. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

A Staff meeting has been held to discuss the findings of the HIQA Inspection. All staff are fully aware of the system of delegation of duties in both units. The staff handbook has the Governance and Management Structure and will be updated for each unit to ensure that all staff are aware of the reporting process.

A named Staff Nurse on duty each day is allocated to oversee the duties of the Healthcare Assistants. This name is now displayed on the white board in the sitting room in St. Oliver's each morning and in the Nurses Station in Loyola House. In the event of a shortage of nursing staff on duty, an experienced Healthcare Assistant will be nominated to oversee that the duties allocated to the Healthcare Assistants are carried out. In the case of residents who have one to one supervision, the Clinical Nurse Manager or Staff Nurse in charge will ensure that persons are named to monitor the resident and this is documented in the daily planner. The CNMII / Staff Nurse will ensure that there is adequate rotation of these staff throughout the day so that staff will only spend a certain period of time with the resident.

Management continue with a recruitment drive and two additional Healthcare Assistants have been recruited to the Relief Staff Panel. They will commence employment with the Centre when all documentation is received. This is expected to be by 20/12/2016.

The Person in Charge has carried out an internal Audits of Falls.

Audits of incidents of Skin Tears, Absconson and Medication Errors are scheduled for December 2016.

Management have engaged Health Care Informed to carry out An Audit Programme. HCI will carry out comprehensive audits of the current service provision of the Centre. A comprehensive project plan is being developed covering the 12 month period. There will be 16 days of on-site audits by HCI over the 12 month period as follows:

- One Health & Safety Audit (3 days)
- Ten one day Audits of the Centre's processes (10 days)
- One Quality Review Audit (3 days)

(Please see attached the Audit Proposal from HCI)

Sonas aPc have been engaged to carry out a comprehensive Audit of the activities provided to residents in the Centre with emphasis on activities for residents with Dementia.

Proposed Timescale: December 2016 to December 2017

Proposed Timescale: 31/12/2017

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 recruitment policy although available was not implemented and did not provide sufficient guidance to ensure that staff may only work in the centre or that students and volunteers may only attend the centre when appropriately vetted

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:

The Staff Recruitment Selection and Appointment (Policy No. HR-001) has been updated to reflect the changes in the Garda Vetting Process. Management has ensured that all staff on duty have received Garda Vetting since the last inspection. In future, no staff will commence duty until Garda Vetting has been obtained.

Management have audited all files to ensure they are up to date.

The Centre will liaise with the schools regarding the Garda Vetting for transition year students before they commence their placement with the Centre. All volunteers are Garda Vetted prior to commencing with the Centre. Safeguarding Training and Fire Training has been arranged for all volunteers.

The Management Team will communicate to all managers the details of the documents to be held in respect of each member of staff. Managers and will be provided with a

copy of Schedule 2 of the Regulations 2013 for them to reference. A memo will be circulated to all current staff detailing the records in Schedule 2 which they are required to provide and keep updated for their personnel file. The New Employee Packs will be updated to include a document informing all new employees of the documents they are required to provide under the Regulations 2013 prior to commencing with the Centre. (Please see attached Memo to Staff and New Employee Pack Document)

Proposed Timescale: 30/11/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

All reasonable measures to protect vulnerable persons from abuse including the completion of appropriate Garda vetting and receipt of disclosures prior to staff commencing in the position were not implemented.

4. Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

All outstanding Garda Vetting has now been received through Nursing Homes Ireland. Staff will not be employed in future until all documentation is in place. An in-depth audit is being carried out at present on all personnel files to ensure that all Garda Vetting is kept up to date and that any gaps in C.V.'s are accounted for. This will also include the translation of all certificates to English. Safeguarding Training for all new staff has been organised.

Proposed Timescale: 30/11/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Assessment and care planning were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.

5. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by

an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

Currently we are transitioning over to VCare a computerised care plan system. During this process, all care plans are being reviewed again and upgraded to suit the system. Recognised assessment tools are being used for each resident to bring the care plans up to date. This will include a comprehensive assessment from the Activities Co-ordinators. Recently a number of Staff Nurses have had care plan training on VCare and also with the INMO and the remainder will receive training. New staff Nurses will be trained in Care planning as they join St. Mary's Centre. An occupational therapist from an agency continues to assess the residents for suitable activities. New residents will be assessed for activities soon after admission. The families of residents will also be consulted in this process.

Since the last inspection the Centre's Activities Co-ordinator has renewed her licence with Sonas aPc. The founder of Sonas aPc is now working with the Activities Co-ordinators on a Sonas project in each Unit.

Proposed Timescale: 14th December 2016 and On-going

Proposed Timescale: 14/12/2016

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The satisfaction or otherwise of complainants following resolution was not always recorded.

6. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

The complaint in question has been dealt with and the documentation is now up to date. In future all complaints records will be filed in a designated area on each Unit. This has been communicated to all managers.

The Resident Complaint forms include a Follow Up and Close Off Section which will be completed by the appropriate staff when complaints have been addressed. This section details the immediate actions, if any, to be taken, the outcome and the resident's satisfaction/dissatisfaction with the outcome. (Please see attached Follow Up and Close

Off Section of Department Complaints Form).

Complaints will be included in the HCI Audit Plan for 2016-2017.

Proposed Timescale: 30th November 2016 and On-going December 2016 to December 2017

Proposed Timescale: 31/12/2017

Theme:

Person-centred care and support

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

Measures to resolve complaints were not always responsive with a delay of up to four months before some actions were implemented.

7. Action Required:

Under Regulation 34(1)(h) you are required to: Put in place any measures required for improvement in response to a complaint.

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

The Centre has a robust complaints policy which is displayed throughout the centre. All complaints are dealt with in a timely manner. The Centre has Designated officers and their names are displayed with the complaints policy throughout the centre. Complaints officers have all received training with the HSE. Visitors and relatives will be given a copy of the policy.

Complaints are a standing item on the Agenda for the Management Team meetings. Unit Managers have been reminded that all complaints must be noted and followed through in a timely manner. Managers will report on complaints to the Management Team at the Plenary Meetings.

Complaints will be included in the HCI Audit Plan for 2016-2017.

Proposed Timescale: 30/11/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Systems in place to allocate, direct supervise and communicate with staff were not fully effective.

8. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

Please see response to: Outcome 02: Governance and Management. St. Mary's Centre is funded by the HSE and new positions such as senior care workers must be sanctioned. Management will seek approval for senior care posts in the Centre's 2017 staffing budget.

Management are continuing the recruitment process. Since the August inspection two Staff Nurses have been recruited to permanent positions. Since the follow up inspection in October two Staff Nurses have been recruited to permanent positions. They will commence employment with the Centre when all documentation is received. This will be by 30/11/2016

Since the follow up inspection in October two additional Healthcare Assistants have been recruited to the Relief Staff Panel. They will commence employment with the Centre when all documentation is received. This is expected to be by 20/12/2016.

In addition to the Actions outlined under Outcome 2 above. At the morning report the CNM's instruct HealthCare Assistants to report to the Staff Nurse on duty at the end of their morning duties. In the event of an incident occurring the Health Care Assistants are instructed to immediately report to the Staff Nurse on duty. At the morning report with the CNM's the Health Care Assistants are informed of the named Staff Nurse on duty each day who is allocated to oversee their duties and for them to report to. This Staff Nurse's name is also displayed on the white board in the sitting room in St. Oliver's each morning and in the Nurses Station in Loyola House for Health Care Assistants to refer to.

For the present, the Centre has ceased the student placements from the secondary schools in the community. Management will review the student placement programme with the secondary schools in the new year.

The Centre will hold In-house training in Supervision with QE5 Limited and a programme of formal Staff supervision will be drawn up.

Proposed Timescale: 16/12/2016

