

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Gabriel's Nursing Home
Centre ID:	OSV-0000174
Centre address:	Glenayle Road, Edenmore, Dublin 5.
Telephone number:	01 847 4339
Email address:	nursingstgabriels@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	SGNH Limited
Provider Nominee:	Phyllis O'Neill
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	64
Number of vacancies on the date of inspection:	2

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 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: 31 August 2016 07:30 To: 31 August 2016 13:30

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 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was an unannounced inspection which took place over one day. The purpose of the inspection was to monitor progress further to four non-compliant outcomes from the last inspection in April 2016 and to follow-up on unsolicited information received by HIQA in relation to care practices in the centre. The inspector found one of the four outcomes was now in compliance however, three outcomes remained non-compliant, one of which level of non compliance had increased. Two additional outcomes were inspected against one of which was found to be in non compliance

The 66 bedded centre is spread over two floors. There were two vacant beds on the day of inspection.

The provider operates as a limited company and consists of four directors. There had been a change to the person in charge since the last inspection. The new person in charge was met on inspection. She had just commenced in her post and had yet to be interviewed to ascertain her fitness to undertake the role and responsibilities therein. Residents spoken with told the inspector they were satisfied with the quality of care been provided to them.

Improvements had been made to auditing practices, provision of nutritional care and staffing levels. However, further improvements were required in relation to medication management and the supervision of care being delivered.

The areas for improvement are discussed further in this follow up-report and are included in the action plans at the end of this 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):

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

Findings:

The action identified on the previous inspection report stated:

The annual review did not include evidence of consultation with residents and their families.

A review of management systems including audit practices was required to ensure the service was safe, appropriate, consistent and effectively monitored.

Findings:

The annual review for the centre was being completed from September 2015 to September 2016. Residents and their families had been issued with a satisfaction survey, the results of which had been analysed and were available for review. The inspector was informed that this information would be included in the annual review which would be completed by the end of 2016.

The newly appointed person in charge had reviewed the auditing practices in the centre. She had identified link nurses for each aspect of clinical practice and made provision for them to seek up-to-date training on their chosen area of practice. Each link nurse was given responsibility for auditing their chosen area of practice on a monthly basis. For example, one staff nurse with an interest in tissue viability had commenced a higher diploma in tissue viability and was given responsibility of reviewing all aspects of wound care including pressure ulcers in the centre on a monthly basis. The person in charge stated that the audits completed by the link nurses would enable improvements in practice going forward. The effectiveness of this newly established auditing system will be reviewed on the next inspection.

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):

Findings:

The person in charge was the director of nursing of the centre. She was a registered general nurse and was rostered to work full-time in the centre. She has the required experience in the area of nursing of the older person. She has a post graduate qualification in gerontological nursing, health service management and human resources management. The person in charge demonstrated a good understanding of her statutory responsibilities, and was committed to making positive changes in the centre. However, at the time of this inspection she had to complete a fit persons interview to determine her fitness under section 50 of the Health Act 2007.

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 reviewed the processes in place for administration of medicines, and observed nursing staff administering medicines during the morning medication administration rounds. Nursing staff were knowledgeable regarding residents' individual medication requirements and were observed to administer medicines in a safe person centred manner. However, medicines prescribed for administration at 08:00 were observed to be administered outside the prescribed time frame, with medicines prescribed for administration at 08:00 administered over two hours later on both floors. The medicines were being recorded as administered at 08:00. The length of time taken to administer the medicines meant that there was the potential for medicines to be administered without the required time interval between subsequent doses. The inspector observed that nursing staff were interrupted during the medication administration rounds to assist residents, although they wore a red apron which stated "do not disturb when medication round in progress".

Judgment:

Non Compliant - Moderate

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:

The action identified on the previous inspection report stated:

Nutritional care plans were not being consistently updated to reflect recommendations made by visiting multidisciplinary team members.

Care was not being delivered as required/outlined in the residents nutritional care plans. Residents nutritional risk assessment and care plans were not consistently reviewed on a four monthly basis.

Findings:

The inspector reviewed a sample of six residents nutritional assessments and care plans. There was significant improvements made to the documentation reviewed. All six had been reviewed on a four monthly basis. All six reviewed were updated to reflect recommendations made by visiting multidisciplinary team members. However, the previous reports of recommendations were not always archived, therefore, in some cases the care plans included conflicting information. The inspector saw that care was being delivered as per the residents' care plan. The nutritional link nurse had completed the first of her monthly audits on all aspects of delivery of nutritional care to residents'. The results of which captured improvements in practice and identified areas where improvements could be made.

A new chef had started and had met with residents to discuss a change in the menus. The list of residents' dietary needs kept in the kitchen reflected the list kept on each floor, in each dining room and the information in residents' individual nutritional care plans.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and

homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The action identified on the previous inspection report stated:

Dining room space provided on the first floor was not adequate to meet the needs of residents'.

Findings:

The inspector was informed there was an unexpected delay in the delivery of the dining room furniture ordered for the communal area on the first floor. It had not been delivered as scheduled on the 30 August 2016. The inspector observed that many of the residents' who had in the past dined in the upstairs sitting room were now going to either one of the two dining rooms on the ground floor to have their meals. The second dining room space on the ground floor had been revised and appeared more homely.

Judgment:

Substantially 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 action identified on the previous inspection report stated:

All staff had not received refresher infection control training post the outbreak of an infection in the centre in March 2016

Supervision of care being delivered was not robust enough to ensure nursing care is delivered to a high standard.

Findings:

The inspector saw evidence that one of the two actions identified on the last inspection had been addressed since the last inspection. Staff told the inspector and records confirmed that staff had been provided with training on infection control since the last inspection. This in-house training had been given by the assistant director of nursing. The person in charge had changed the allocation of staff over both floors of the centre. This, the inspector was informed was to ensure that the care being provided was being supervised. Two staff nurses together with a clinical nurse manager were now scheduled to work on the first floor of the centre. One staff nurse and a clinical nurse manager were now scheduled to work on the ground floor of the centre. Three senior care workers had been appointed to ensure further supervision of care being delivered, however, just one had commenced at the time of this inspection. Practices observed by the inspector did not reflect that a high standard of care was being delivered to residents. The inspector observed at 08:00 that two residents' identified as maximum dependent had been got up, washed, dressed and returned to bed with their day clothes on. Both these residents required the assistance of two staff and a hoist for transfer. The instruction to staff to do this was written on the staff handover sheet a copy of which was given to the inspector at the beginning of the inspection. However, this care practice was not reflected in the residents personal hygiene care plan. For this reason, the inspector was not satisfied with the level of supervision being provided by qualified staff.

The person in charge informed the inspector that she planned to complete competency based appraisals with staff. However, the process had not begun to date.

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:

Sheila McKeivitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	St Gabriel's Nursing Home
Centre ID:	OSV-0000174
Date of inspection:	31/08/2016
Date of response:	12/10/2016

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 09: Medication Management

Theme:
Safe care and support

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

Medicines prescribed for administration at 08:00 were administered outside the prescribed time frame, over two hours later on both floors. The medicines were being recorded as administered at 08:00. The length of time taken to administer the medicines meant that there was the potential for medicines to be administered without the required time interval between subsequent doses.

1. Action Required:

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

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Morning medication is now prescribed for administration at 9am and 9.30am allowing sufficient time for medication to be administered within the prescribed time frame
The Clinical Nurse Manager/Link Medication Nurse will now assist with medication administration in the morning and ensure a quarterly comprehensive report on monthly medication errors, monthly audits, medication reviews and medication education This information will be reviewed, appropriate action taken and communicated to staff for the purpose of improving practice

Proposed Timescale: 31/10/2016

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:

Some nutritional care plans included conflicting information about the care required by the resident.

2. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

All nutritional care plans are up to date and reflect the care required by the resident
The Nutritional Link Nurse completes monthly audits monitoring weight loss and referrals when necessary All this information is charted in our evidence room so all staff are informed of the current care required for each resident

Proposed Timescale: 31/10/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

Dining room space provided on the first floor was not adequate to meet the needs of residents'.

3. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

There are currently only a few residents who choose to dine upstairs this experience is enhanced with our new dining room furniture and the room was recently painted

Proposed Timescale: 10/10/2016

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

Supervision of care being delivered was not robust enough to ensure nursing care is delivered to a high standard.

4. 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:

All performance reviews will be completed by 31st November The reviews will address the role and responsibility of qualified staff in supervising the care delivered to residents There is now three Senior Care Assistants in place with defined roles and each Senior Carer has a management qualification
St Gabriel's Nursing Home expects high standards of practice from all levels of staff and the management team are committed to obtaining and maintaining that goal

Proposed Timescale: 30/11/2016