

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Support Care Facility Prague House
Centre ID:	OSV-0000548
Centre address:	Chapel Street, Freshford, Kilkenny.
Telephone number:	056 883 2281
Email address:	paulmurphyce@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Freshford Social Services
Provider Nominee:	Paul Murphy
Lead inspector:	Ide Cronin
Support inspector(s):	Leanne Crowe
Type of inspection	Announced
Number of residents on the date of inspection:	21
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.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 August 2016 09:00 To: 24 August 2016 16:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 14: End of Life Care	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Major

Summary of findings from this inspection

This was an announced inspection following an application by Prague House Supported Care Home for a change in entity in accordance with statutory requirements. Inspectors also followed up on the progress of the action plans generated from the previous inspection in January 2015. The nominated provider, some members of the board of management and person in charge had changed since the previous inspection. The previous management structure which also

operated on a voluntary basis had retired from this service. As part of the inspection the inspectors met with residents, the provider nominee and person in charge, the staff nurse, staff members and some relatives. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The designated centre was operated on a voluntary basis with an established system of governance in place via a board of management. The person in charge is a nurse and works fulltime. A staff nurse also works six hours per week to oversee clinical care of residents. Care staff are on duty on day and night shifts. Day care services are also provided to older people on a weekly basis. People who attend the day service are offered a program of social activities and they joined residents for tea and bingo as observed by inspectors. This centre caters for low dependent and independent residents and if dependency needs of residents change alternative accommodation is sought for the resident.

The inspectors spoke with residents, relatives and staff throughout the inspection and also reviewed the feedback questionnaires returned to the Health Information and Quality Authority (HIQA). In addition all documents submitted by the provider related to the application to change entity were reviewed prior to the inspection.

Overall, the inspectors noted that a warm atmosphere prevailed in the centre. Residents told the inspector how happy they were and stated that they could come and go as they pleased. Staff exhibited an in-depth knowledge of the residents and their backgrounds and were observed caring for residents in a respectful manner while maintaining residents' privacy and dignity. There was constant activity with numerous residents and visitors coming and going as observed by inspectors.

A total of 18 outcomes were inspected. The inspectors judged 10 outcomes as compliant, five as moderate non compliance and two as substantially in compliance with the Regulations. The Staffing outcome was deemed as major non compliant, because of failures to ensure that staff had attended mandatory training and failure to have volunteers appropriately vetted and their roles and responsibilities stipulated in writing. The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) 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 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose included a statement of the aims, objectives and ethos of the centre and the facilities and services which were provided to residents.

The statement of purpose was also found to contain all of the information required by Schedule 1 of the Regulations, and was demonstrated in practice.

Judgment:

Compliant

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 designated centre was operated on a voluntary basis with an established system of governance in place via a board of management. Inspectors spoke with a new representative of the board of management on inspection and found that she was knowledgeable in relation to the role and responsibilities of the board under the Regulations. In general the governance structure was very supportive of both staff and

the person in charge who reported effective on-going communication with the board members.

The board of directors oversee the organisational, financial and management of the centre. Currently the board meet on a weekly basis as the management structure is relatively new in relation to the change of person in charge and some board members. Minutes of meetings were available and standing items were on the agenda such as day care services and finance. There were a number of sub-committees established which various board members sit on relevant to their area of expertise such as building projects, finance and health and safety.

There was evidence of quality improvement strategies and monitoring of the services. The inspectors reviewed audits completed by the person in charge. The areas reviewed included medication management, care planning, communication and safeguarding. The person in charge discussed improvements that were identified with staff through quality improvement meetings and an action plan to improve compliance was outlined as observed by the inspector.

Consultation with residents/relatives in relation to the existing systems of monitoring quality of care was available. An annual review of the quality and safety of care delivered to residents had taken place for 2015. Resident satisfaction surveys had in July 2016 the results of which indicated for the most part satisfaction with the service provided.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
There was a Residents' Guide in the centre, which was made available to inspectors on the day of the inspection.

Each resident had a written contract agreed on admission, and a sample of these were reviewed by inspectors. While the contracts set out the weekly fees for services provided, an additional fee for toiletries was not included in the agreement for a number of residents. The person in charge said that this would be rectified. All contracts reviewed by inspectors had been signed by residents or their representatives.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had changed since the time of the last inspection. The current person in charge has worked in care of the older persons services for many years and is full-time in this role. Inspectors found that she was suitably qualified and experienced with the authority, accountability and responsibility for the provision of the service. There was a clearly defined management structure in place to support the person in charge.

The inspectors spoke with staff and residents, and found that there was a clear reporting mechanism and management structure in place. The inspectors were satisfied that the management arrangements in place ensured that the assessed needs of residents were being met and monitored

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 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 were maintained to

ensure completeness, accuracy and ease of retrieval. The designated centre was 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.

As part of the inspection staff files were reviewed and were found to be in compliance with the requirements of Regulation.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
The person in charge understood the statutory requirements in relation to the timely notification of any instances of absence in relation to the post that exceed 28 days; and also the appropriate arrangements for management of the designated centre during such an absence. There had been no such period of absence by the person in charge since the last inspection. The person in charge, directors and provider nominee were contactable in the event of any emergencies and the necessary contact details were available.

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:

Measures to protect residents from being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place. However, inspectors recommended that this policy should be updated in accordance with Health Service Executive (HSE) procedures on Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (2014).

Staff who spoke with the inspectors demonstrated a good understanding of elder abuse and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The training matrix indicated training in this area was on-going. However, updated training in safeguarding vulnerable adults was overdue for some members of staff. Inspectors noted that 16 staff out of a complement of 34 required updated training in this area.

The person in charge informed the inspector that there were no residents who displayed behaviour that challenged. Training had been provided for 16 staff in this area and inspectors observed that dementia care training was scheduled for September 2016. There was good access to mental health services if required. A policy, which gave guidance to staff on how to manage behaviours that challenge, was also available. There was a communication policy also available.

There was a policy on restraint but the person in charge said the practice in the centre was one of a restraint free environment and restraint would only be used in very emergency situations. The inspectors saw that restraint was not common place in the centre and none were in use on this inspection.

A policy was in place for the management of residents' personal property, finances and possessions. Policy was in keeping with the independent resident profile and residents retained responsibility for the management of their own finances. Where management acted as pension agents the relevant documentation was in place. In a sample of records reviewed inventories of personal belongings were appropriately documented and signed.

Judgment:

Non Compliant - Moderate

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 provider had put systems in place to promote and protect the safety of residents, staff and visitors to the centre. The inspector was satisfied that risk management was

generally well managed. There was an up-to-date health and safety statement.

A risk management policy dated July 2016 was in place that included the areas described in regulation 26(1). There was information on general hazard identification that outlined general and clinical risk areas. Risk management was supported by individual risk assessments for residents linked to their assessed needs. There was a risk register in place dated July 2016.

Fire precautions were prominently displayed throughout the centre. Service records showed that the emergency lighting, fire alarm system and fire fighting equipment were serviced and fully maintained. The inspectors noted that the means of escape and exits, which had daily checks, were unobstructed. All staff had attended training and those spoken with were knowledgeable of the procedure to follow in the event of a fire. Regular fire drills had taken place the last one was held on 16 August 2016 and evacuation times were recorded. Inspectors saw that the fire alarm was tested and serviced on a regular basis.

There was an emergency plan that outlined the procedures to be followed in the event of emergencies such as fire, bad weather, loss of water and loss of power. There was an infection control policy in place. There were procedures in place for the prevention and control of infection. Hand gels, disposable gloves and aprons were appropriately located within the centre.

However, inspectors noted that there was black residue around the rim of a bath and certain areas of the centre were not clean with visible dust and cobwebs present. Inspectors acknowledge that the residue had been removed from the bath before the inspection was completed. There were no cleaning schedules available therefore it was impossible to ascertain which areas had been cleaned and who had responsibility for the overall hygiene within the centre.

There was a system for recording accidents and incidents in the format of quarterly reports. There was evidence that incidents were being reviewed and appropriate actions taken to remedy identified defects. Inspectors saw that each resident's moving and handling needs were identified and outlined in an assessment. However, manual handling training was not up to date for 50% of the staff. This is actioned under Outcome 18:Staffing.

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):

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

Findings:

A centre-specific policy on medication management was in place which covered the required areas of prescribing, administration, storage and disposal. Records were made available to the inspectors which confirmed that staff had read and understood the policy. The centre engaged the services of the local community pharmacist which included the conduct of medication management audits. There was also evidence that residents were appropriately advised by the pharmacist in relation to their medications. Where residents were self-administering an appropriate tool for assessment and review was available.

Medications were appropriately stored and the management of controlled drugs was safe and in accordance with current guidelines and legislation. An inspector checked the stock balance and noted that all were correct and appropriately recorded. Adequate refrigerated storage was in use for medications that required temperature control and the temperature of the refrigerator was monitored daily. An inspector noted that the medication trolleys were secured and the medication keys were kept by a staff member at all times. The inspector saw that medication management training had been provided to all staff involved in medication management.

However, medication prescribed on an "as required" p.r.n basis was identified but the maximum dose to be administered in a 24 hour period was not clearly outlined. An inspector reviewed a sample of medication charts and it was observed that not all medications were individually prescribed by the prescriber which is not in accordance with best practice.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

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

A quarterly report was appropriately provided to HIQA detailing the information required from the period of April to June 2016.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

There were twenty one residents living in the centre on the day of inspection and all were assessed as being of low dependency. Inspectors found that the welfare and well-being of the residents was prioritised and suitable and sufficient care was provided. Staff and management at the centre demonstrated an active commitment to person-centred care. Care plans were individualised and staff spoken with had a well developed knowledge and understanding of the personal circumstances around individual residents.

Residents spoken with felt very well cared for and supported in their choices; they were consulted with, and participated in, communication and decisions around healthy living choices including care plans, daily activities and personal preferences. Inspectors saw that a "Key to Me" had been developed for residents. The inspectors saw that some residents had their own cars and came and went as they pleased. There was evidence of residents or their representative's involvement in the discussion, understanding and agreement to their care plan when reviewed or updated. As the centre provided care for residents of low dependency there was a protocol in place for the management of increasing dependency need and assessments undertaken for resident's requirement to move to nursing care.

There was evidence that timely access to health care services was facilitated for all residents. A number of GP's were attending to the needs of the residents and an "out of hours" GP service was available if required. The records confirmed that residents were assisted to achieve and maintain the best possible health through medication reviews, blood profiling and annual administration of the influenza vaccine. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had ongoing access to allied healthcare professionals including dietetics, speech and language therapy, diabetic clinic, chiropody and physiotherapy. The inspector also saw that residents had easy access to other community care based services such as dentists and opticians.

Residents had some opportunities to participate in meaningful activities, appropriate to their interests and preferences. A social care plan was developed for each resident on admission based on the resident's hobbies and interests. Healthcare staff directed activities which included gentle exercise, cards and bingo, hand and nail massage. On the day of inspection the day care service was in progress. The inspectors observed residents from the centre and people from the local town enjoying tea and chatting together. The person in charge told inspectors that an aromatherapy session was starting for residents.

However, inspectors formed the judgement that the activity programme could be further developed to ensure that all residents are given an opportunity for participation in meaningful and purposeful activity both inside and outside the centre. An inspector reviewed a sample of satisfaction surveys completed in July 2016. Overall residents were satisfied with care and services provided. However, some indicated that they would like to see the provision of activities increased. This was also highlighted in resident/relative questionnaires reviewed by inspectors. This is action under Outcome 16: Residents' Rights, Dignity and Consultation.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

In general, the design and layout of the centre were suitable to meet the individual and collective needs of the residents, in keeping with the centre's statement of purpose. However, improvements were required in the general maintenance and cleanliness of the centre. A previous action from the last inspection in January 2015 to provide sluicing facilities had not been progressed in line with the provider's action plan.

The building's original purpose had been as a boys' school. The current centre opened in 1974 as a voluntary service for the purpose of providing supported care for members of the local community. The centre was located in the town centre with good access to the amenities available such as the church, town hall, local stores and services.

The centre provided accommodation for a total of 22 residents in 20 single rooms and

one twin room. Two of these rooms had en-suite facilities, while the remainder contained hand wash basins. A number of toilets, shower rooms and an assisted bathroom were located throughout the building. During the previous inspection in January 2015 it was noted that a sluice room was not available in the centre. As part of the response to the previous inspection, the provider had committed to obtaining quotes for providing sluicing facilities by June 2015, however this had not been carried out.

A functioning call bell system was in place in the centre. While the majority of bedrooms contained the furniture and storage facilities as required by the Regulations, the layout of the twin bedroom did not ensure that the privacy of both residents was maintained at all times.

There were a number of communal areas for residents including a large sitting room, a dining room and an oratory. The person in charge hoped to make a smaller sitting room available to residents also. A lift was available to residents to support movement between communal rooms on the ground floor and bedrooms on the first floor. While inspectors acknowledged that the building is dated, and that efforts had been made to decorate the premises in a homely way, improvements were required to ensure the environment was clean and in a good state of repair.

Laundry facilities were provided on-site, and a spacious external garden was accessible to residents at all times.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

While there was a policy and procedure in place for the management of complaints, improvements were required to ensure that the management of appeals and recording of complaints is carried out appropriately. The actions from the last inspection regarding this outcome were satisfactorily implemented on this inspection.

The person in charge was the nominated person to deal with complaints. However, a second person had not been nominated to ensure that complaints are appropriately responded to and that records of complaints are maintained. A complaints log was maintained in the centre, which was made available to the inspectors on the day of the inspection. While the majority of information required by the Regulations was recorded,

the satisfaction of the complainant with the outcome and the details of the investigation undertaken was not consistently documented. To support good practice, the person in charge had been recording the learning from complaints and findings to be communicated to all staff in the complaints log.

An appeals procedure was in place in the centre, which included arrangements for a panel to review an appeal, should one be lodged. However, the person in charge was named as a member of the panel, which did not ensure that the appeals process was completely objective.

Staff spoken with on the day of the inspection were knowledgeable of the complaints process and could describe how they would support residents to make a complaint if required.

A summary of the complaints process was displayed prominently at the reception of the centre. An annual audit of complaints is to be conducted in line with the complaints policy.

Judgment:

Non Compliant - Moderate

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was an end of life care policy in place. The policy was in keeping with the low dependency profile of residents and indicated that where the needs of a resident changed and end of life care provision became necessary, residents requiring such care would be referred for assessment and transferred to an appropriate service provider accordingly. However, the person in charge said that if a resident was approaching end of life and their needs could be met, the centre would endeavour to provide end of life care for the resident. A policy on residents' personal property and a protocol for the return of personal possessions was also in place. Religious and cultural practices were facilitated and residents had access to ministers from a range of religious denominations should such services be required.

However, in a sample of care plans reviewed by an inspector there was limited evidence that the end of life needs and wishes of residents were discussed with them and/or their next of kin as appropriate and documented in a care plan. The care plans reviewed by an inspector did not address the resident's physical, emotional, social and spiritual

needs. They did not reflect each resident's wishes and preferred pathway as part of their end of life care. There were inconsistencies in relation to the resident's involvement in the decision making process relating to end of life care.

Judgment:

Non Compliant - Moderate

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Prague House provides supportive care for those who have been assessed as not requiring full time nursing care. As such the care provided was appropriate to the assessed needs of a resident profile with low dependency levels. Independent dining was encouraged and on the day of inspection there was no resident requiring assistance at mealtimes.

There was a centre specific policy on food and nutrition. Of a sample of care plans reviewed by the inspectors all contained records of relevant monitoring with regard to nutrition and weight. There was access to allied healthcare professionals, such as a dietician or speech and language therapist, could be arranged via GP referral through community services where required.

Menus were varied with residents being offered choice at mealtimes. Members of staff spoken with demonstrated an understanding of the residents and their requirements and were seen to accommodate individual preferences where requested. Kitchen staff were appropriately trained and kitchen facilities were in keeping with the design and layout of the premises with adequate storage in place. The dining area was clean and bright with tables well laid for small groups. Facilities were also available for residents to have snacks and refreshments throughout the day. Residents spoken with were very satisfied with both the quality and quantities of food provided.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

Residents were consulted with and participated in the organisation of the centre. They were supported to make choices, to be independent and to develop and sustain friendships. Residents in the main led purposeful lives, they decided how to spend their day and there were opportunities to participate in activities. However, as outlined under Outcome 5: the activity programme required further development. There was an active residents committee and the last meeting had taken place on 26 July 2016. Residents' views were sought informally and formally through the use of residents and relatives surveys.

All residents had access to recreational resources such as TV, radio and newspapers. The inspectors observed communication and interactions between residents and staff which were helpful and assistive whilst being courteous and respectful. Staff knew and understood the individual needs and preferences of residents and responded accordingly.

Residents were facilitated to exercise their civil, political and religious rights. Most of the residents were Roman Catholic and staff confirmed that residents of other denominations were supported to practice their religion. Some residents went out to mass and others liked to sit outside in the front of the centre as observed by inspectors. Residents confirmed that their rights were upheld. Staff sought the permission of the resident before undertaking any care task and they were consulted about how they wished to spend their day and care issues. Arrangements were in place for residents to vote in the elections if they wished.

There was no restrictions on visitors and there were some areas where residents could meet visitors in private apart from their bedroom. Family members were encouraged to take residents out and maintain contacts with their community as observed by inspectors.

Judgment:

Substantially Compliant

*Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of*

<i>clothes to residents.</i>
<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents. Residents and relatives were satisfied with the arrangements in place. A laundry staff member spoken with understood the requirements in relation to segregation of garments and infection control procedures were in place.</p> <p>A policy was in place in relation to residents' personal property and possessions which also referenced valuables. A safe was available in each resident's room. The inspectors noted that some residents' rooms were personalised with belongings and photographs and adequately furnished with clothing stored in individual wardrobes.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 18: Suitable Staffing</i> <i>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.</i></p>
<p>Theme: Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: Inspectors were satisfied that there were appropriate levels and skill mix of staff to meet the assessed needs of the residents. However, improvements were required in relation to volunteers. While issues with staff supervision identified in the last inspection had been resolved, all staff had not received mandatory training, which was required also an action from the last inspection.</p>

An actual and planned staff rota was made available to inspectors on the day of the inspection. Due to the low dependency of residents in the centre, a nurse was not required to be on duty at all times. However, the person in charge and another nursing staff member ensured that 46 hours of nursing care was provided every week.

There was a policy in place for the recruitment, selection and vetting of staff. Inspectors reviewed a sample of staff files, which were found to contain all of the necessary information required by Schedule 2 of the Regulations. All nursing staff were found to have up-to-date registration with An Bord Altranais.

A training record for staff was maintained in the centre, which was made available to inspectors on the day of the inspection. The record indicated that while all staff were trained in fire safety, not all staff had received up-to-date training in moving and handling practices and the prevention, detection and management of abuse. Staff spoken with on the day of the inspection were knowledgeable of the training they had undertaken.

The person in charge had implemented an induction programme for new staff, which included training and supervision. Appraisals were also ongoing for all staff at the time of the inspection. A staff meeting had been held in July, and the person in charge planned to hold monthly meetings in the future.

A number of volunteers were working in the centre. A number of volunteers had not received Garda vetting. Additionally, none of the volunteers had their roles and responsibilities set out in writing by the provider. Volunteers were encouraged to attend training for staff where suitable, such as fire safety.

Judgment:
Non Compliant - Major

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:

Ide Cronin
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:	Support Care Facility Prague House
Centre ID:	OSV-0000548
Date of inspection:	24/08/2016
Date of response:	19/09/2016

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 07: Safeguarding and Safety

Theme:

Safe care and support

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

Ensure that all staff have up to date knowledge and skills to respond and manage behaviour that is challenging.

1. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour

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

that is challenging.

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

Behaviour that challenges training is scheduled for the 26 September 2016 for all new staff and will be up-dated accordingly.

Proposed Timescale: 26/09/2016

Theme:

Safe care and support

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

Updated training in safeguarding vulnerable adults was overdue for some members of staff. Inspectors noted that 16 staff out of a complement of 34 required updated training in this area.

2. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

Safeguarding training is scheduled for all new staff and staff that are overdue.

Proposed Timescale: 30/10/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Some areas of the centre were unclean and did not meet best practice standards in infection control.

3. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Additional hours will be implemented into housekeeping to ensure the home meets best practice standards in infection control.

Proposed Timescale: 30/09/2016

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:

The maximum dose of "as required" p.r.n to be administered in a 24 hour period was not clearly outlined. It was observed that not all medications were individually prescribed by the prescriber which is not in accordance with best practice.

4. Action Required:

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:

All medication charts are up-dated to ensure that maximum dose are clearly documented.

Proposed Timescale: 28/08/2016

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:

There were no sluicing facilities in the centre.

Some areas of the centre were not always kept in a good state of repair, or kept clean and suitably decorated.

The layout of one of the bedrooms did not ensure that the privacy of residents was maintained at all times.

5. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Sluicing facilities will be priced and implemented as soon as approval from the board.

The day room and the dining area will be refurbished and will be completed by the end

of November 2016. Other areas of the home will be redecorated thereafter. A maintenance list of works required for the home is on-going to ensure areas of the home is maintained regularly. The layout of the twin room is currently being re-organised and, privacy curtain is being installed to ensure that both resident's privacy is maintained at all times.

Proposed Timescale: 30/11/2016

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 process for managing appeals did not ensure that appeals would be dealt with in an objective manner.

6. Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

The home will ensure that all appeals will be dealt with in an objective manner as where the investigation fails to resolve the complaint or concern, the complainant will be directed to a third party which is a trained advocate.

Proposed Timescale: 19/09/2016

Theme:

Person-centred care and support

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

The satisfaction of complainants with the outcome of the complaint, and the details of investigations into complaints were not consistently recorded.

7. 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:

All complaints following investigation will include that the person who made the complaint are satisfied with the outcome of the complaint.

Proposed Timescale: 19/09/2016

Theme:

Person-centred care and support

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

A person was not nominated to ensure that complaints were responded to and recorded appropriately.

8. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

A board member is nominated to ensure that all complaints are responded to and recorded accordingly. The PIC will liaise with the board member on receipt of a complaint and will follow-up when required.

Proposed Timescale: 19/09/2016

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

In a sample of care plans reviewed by an inspector there was limited evidence that the end of life needs and wishes of residents were discussed with them and/or their next of kin as appropriate and documented in a care plan.

9. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

All care plans are currently being up-dated to reflect the resident's end of life needs and wishes.

Proposed Timescale: 19/09/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The activity programme was limited in scope and required further development.

10. Action Required:

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

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

The home have secured an activity co-ordinator that will carry out activities for all of the resident's. She will plan monthly activities in collaboration with the residents.

Proposed Timescale: 31/10/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Not all staff had received up-to-date mandatory training in the prevention, detection and management of abuse, and moving and handling practices.

11. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

All staff are scheduled for mandatory training in the prevention, detection and management of abuse , and moving and handling practices.

Proposed Timescale: 30/10/2016

Theme:

Workforce

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

No volunteers in the centre had their roles and responsibilities set out in writing.

12. Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

The centre has recently undergone a change in the person of charge and all roles and responsibilities are in the process of being signed off.

Proposed Timescale: 10/10/2016

Theme:

Workforce

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

Not all volunteers had been Garda vetted.

13. Action Required:

Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

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

We are in the process of obtaining Garda clearance for all volunteers as required.

Proposed Timescale: 10/10/2016