<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Holy Family Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000349</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Magheramore, Killimor, Ballinasloe, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>090 967 6044</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:patrickfahey@eircom.net">patrickfahey@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Holy Family Nursing Home Partnership</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Brian Fahey</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Marie Matthews</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>33</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
</tr>
</tbody>
</table>
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: 30 August 2016 10:30  
To: 30 August 2016 20:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This monitoring inspection was the first in the centre since November 2014. The centre was established in 2000 and provides 24 hr nursing care for 35 residents. The person in charge and management team remained unchanged since the last inspection. The provider is actively engaged in the governance of the centre and attended during the inspection. The centre was warm and comfortable, and fittings and equipment were clean and well maintained. Residents spoken with confirmed that they felt safe. Staffing levels and the skill mix on the day of this unannounced inspection were appropriate to meet the needs of residents. Residents’ nursing and medical care needs were being met. A varied range of activities were facilitated which residents said they enjoyed.
The provider had addressed most of the actions from the last inspection. However, one action had not been adequately addressed. This related to recording activities residents took part and has been restated in this report. Areas where other improvements were identified include improving the system of recording activities residents engage in, ensuring care plans were updated to reflect any changed needs, ensuring floor covering throughout is safe and providing locks on all bathroom doors to ensure privacy. The action plan at the end of this report identifies the 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 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):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The statement of purpose was reviewed in response to the action plan from the previous inspection and contained all information as required by schedule 1 of the regulations. The updated version included a description of the rooms in the designated centre including their size and primary function as required.

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

**Findings:**
There was a system in place to review and monitor the quality and safety of care and the quality of life of residents. Key quality indicators were monitored. The person in charge had completed audits of care practices such as restraint, nutrition and weights, falls as well as areas such as complaints about the service and medication errors. There was comparisons completed between previous years and learning outcomes were
evident. However, a quality improvement plan had not yet been developed and there was no evidence of consultation with residents or their families.

**Judgment:**
Non Compliant - Moderate

<table>
<thead>
<tr>
<th><strong>Outcome 03: Information for residents</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Governance, Leadership and Management</td>
</tr>
<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
</tr>
<tr>
<td>The action(s) required from the previous inspection were satisfactorily implemented.</td>
</tr>
<tr>
<td><strong>Findings:</strong> The centre's residents' guide was revised in response to the previous inspection and provided an account of the service to residents in the centre. This document was made available to residents. It contained a copy of the most recent inspection report by the Authority, dining arrangements, services included in the contract of care and a summary of the centres' complaints procedure.</td>
</tr>
<tr>
<td><strong>Judgment:</strong> Compliant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Outcome 04: Suitable Person in Charge</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Governance, Leadership and Management</td>
</tr>
<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
</tr>
<tr>
<td>No actions were required from the previous inspection.</td>
</tr>
<tr>
<td><strong>Findings:</strong> The person in charge (PIC) was full-time, has the required experience and demonstrated sufficient clinical knowledge, knowledge of the legislation and her statutory responsibilities. She had recently returned from extended leave and was maintaining her professional development by attending various clinical training days and information sessions. Arrangements were in place for the management of the centre in the absence.</td>
</tr>
<tr>
<td><strong>Judgment:</strong> Compliant</td>
</tr>
</tbody>
</table>
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:
All records required by Schedules 2, 3 and 4 of the regulations were completed as required.

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:
The centre was secure and a visitor’s book was in use at the front door. Residents spoken with said they felt safe and secure in the centre. Records reviewed showed all new staff had completed training in the protection, detection and prevention of elder abuse during their induction programme. Those staff spoken with had a clear understanding of the protection, detection and prevention of elder abuse policy.

There were 2 residents' displaying responsive behaviours at the time of this inspection. Staff were knowledgeable regarding the underlying triggers that could cause of the
behaviour and the distraction techniques that helped them to relay the residents’ anxiety and prevent an escalation of the behaviours however these techniques were not recorded in a care plan to ensure care was consistent. The inspector saw that where psychotropic medication was used other de-escalation techniques were attempted first to alleviate the residents anxiety. All residents' medications were reviewed on a regular basis by their General Practitioner. There were 11 residents with bedrails in use while they were in bed. Risk assessments were completed to determine if it was safe to use a bedrail and there was evidence that these were regularly reviewed.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
There were systems in place to promote and protect the health and safety of residents, staff and visitors. The risks as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres For Older People) Regulations Amended 2009 were documented in the risk management policy. The policy was reviewed in February 2016 and included the risks of abscondion, assault, aggression and violence and self harm. The inspector found that the actions from the previous inspection to include the risks of accidental injury to residents or staff had been addressed. Infection control practices were observed to be good with hand washing and drying facilities and hand sanitizers available throughout the centre. A health and safety committee met was established and an up to date risk register was available which identified potential risks and the control measures to reduce the risks.

There were adequate means of escape from the centre and fire exits were found to be unobstructed. Records reviewed on inspection showed that fire extinguishers were checked on an annual basis. The fire alarm and emergency lighting had been serviced on a quarterly basis. Floor plans were displayed which identified where the nearest fire exits were. Staff spoken with demonstrated good knowledge on the procedure to follow in event of a fire. Records reviewed during the inspection confirmed that fire drills were carried out frequently.

Staff confirmed they had completed fire safety training on induction and the inspector saw evidence that some had attended annual refresher training in June 2016 and the remaining were booked in for upcoming refresher training. Those spoken with were clear on what to do in the event of the fire alarm sounding. Records reviewed showed that a mock fire drill was practiced once per month, staff in attendance and response
times were being recorded. A fire blanket and fire retardant apron was provided for residents using the smoking room.

There were measures in place to control and prevent infection, including arrangements for the segregation and disposal of waste, including clinical waste, and staff had received infection control training. Staff had access to personal protective equipment as necessary. Hand hygiene procedures were completed by staff and all hand gel dispensers were in working order.

An up to date emergency policy was available which included arrangements for evacuation residents in the event of an emergency and contact details for emergency services and alternative accommodation.

The inspector observed that the flooring in some areas was beginning to bubble and at some junctions the floor strips were slightly raised which could pose a tripping hazard. This was brought to the attention of the provider who said he would remedy the problem immediately.

Judgment:
Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
Administration of medications to residents was observed by the inspector and found to be in line with professional practice guidance. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

The prescription record was transcribed by nursing staff, was clearly indicated as such and countersigned by a second nurse and the pharmacist; each record was signed and dated by the relevant general practitioner (GP) and the date of transcription was recorded. The prescriber’s signature was completed when a medication was discontinued. The time of administration for medications was specified.

Medication administration sheets contained the signature of the nurse administering the medication, identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. There was evidence that each resident’s medication was regularly reviewed by their GP. The maximum dosage of
medications administered on a PRN ('as required') basis was stated in the sample of prescriptions reviewed.

A procedure was in place for return of unused or out of date medications to the pharmacy and a written record was maintained. A refrigerator was available for storage of medications requiring a controlled environment and the temperature was monitored by staff on a daily basis.

**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 was evidence that timely access to health care services was facilitated for all residents. Six General Practitioners (GP's) attended the centre. Residents had a choice of GP and most continue to be cared for by their own GP after admission to the centre. An "out of hours" GP service was available to residents if required. Residents had good access to allied healthcare professionals including optical, dental, chiropody, physiotherapy, occupational therapy, speech and language therapy and dietetics. The inspector confirmed that in general recommendations made by allied health professionals were documented in care plans.

The records confirmed that regular blood screening was completed and that residents had their medication reviewed regularly. Residents were provided with the influenza vaccine annually. Where necessary, residents were referred to the acute hospital services. There was evidence that nursing staff regularly communicated with the acute services during admission regarding the residents condition. Residents needs were assessed using a range of evidence based assessment tools including falls risk assessment, moving and handling assessment, risk of pressure related skin injury, mobility and assessment of mental and physical wellbeing. A care plan was completed for each resident within 48 hours of their admission. In general care plans were reviewed four monthly or in response to a changed care need. In one care plan reviewed, the advice of a GP regarding modifications to a resident’s diet had not been transferred into the residents nutritional care plan and the resident was consequently not receiving the correct textured diet prescribed.
In a sample of wound care plans reviewed by the inspector they evidenced that wound care interventions had brought about effective wound healing. Care plans were updated after each dressing. Photographic evidence and wound measurements were maintained showing the wound healing process which indicated that wounds had healed. Residents were prescribed supplements to assist with wound healing and pressure relieving mattresses and cushions were in use. The advice of a tissue viability nurse specialist was obtained where necessary and there was evidence that swabs were taken to determine if an infection was present.

**Judgment:**
Non Compliant - Moderate

**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:**
On a previous inspection, it was found that the cleaning regimen required improvement. During this inspection, the inspector found that in general the premises was observed to be visibly clean and well maintained. Door frames and skirting boards had been repainted since the last inspection however there was still evidence of damage from equipment on the skirting boards throughout the centre. Cleaning schedules had been introduced and were in use and the inspector was told that a weekly deep clean of the centre had been introduced since the last inspection. A deep clean of sanitary equipment including commodes was in progress during the inspection.

The premises met the needs of all residents and the design and layout promoted residents’ dignity and wellbeing. There was a choice of communal areas for residents and all corridors had hand rails to support residents. There was a functioning call bell system in place at each resident’s bedside in both the single and twin rooms. Residents had access to an enclosed court yard in the centre of the building. The inspector observed that this was used by residents on the day of the inspection and planted areas and bird feeders enhanced the area. Residents had access to appropriate equipment which appropriately maintained. Equipment was stored safely and securely in the centre.
There were measures in place to control and prevent infection, including arrangements for the segregation and disposal of waste, including clinical waste and hand gel dispensers were in working order. The inspector observed that the floor covering was beginning to lift in some areas including one day room and at junctions on the corridors which could cause residents to trip. These were brought to the attention of the provider who gave an undertaking that these would be addressed.

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

Findings:
Arrangements were in place for recording and investigating complaints including referral to a designated appeals person in the event that the complainant was not satisfied with the outcome of investigation. Residents with whom the inspector spoke confirmed they could make a complaint if they wished and felt they would be listened to. Residents knew who to make a complaint to and expressed their satisfaction with the care provided. Residents had access to an advocate if required to assist them in making a complaint.

There was a centre-specific complaints policy available which identified the nominated complaints officer and also included an independent appeals process as required by the legislation. A summary of the complaints procedure was also provided in the statement of purpose and the Residents Guide.

There were three recorded in the complaints log during 2015. There was evidence that they were acknowledged and responded to promptly and that the matters of concern had been appropriately investigated and the findings relayed to the complainant. One complaint had been referred for independent appeal. There was evidence that learning outcomes from the complaint investigation were discussed at a staff meeting however this was not recorded on the complaint form.

Judgment:
Substantially Compliant

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

**Findings:**
Residents spoke positively regarding the quality and choice of meals provided in the centre. The kitchen was adequately equipped, clean and organised. The most recent inspection reports issued by the Environmental Health Officer was reviewed by the inspector referenced that contraventions from the previous report were addressed.

Processes were in place to ensure residents did not experience poor nutrition and hydration. Staff had completed training on nutritional care of residents. Residents’ at nutritional risk were referred to a dietician and those residents with an impaired swallow were reviewed by a speech and language therapist and prescribed a modified consistency diet based on this assessment. The inspector saw that meals were provided according to the advice of specialists, however, as described under outcome 11, one resident was not receiving his meals in the correct constituency. An action has been included under outcome 11 to address this.

Water and flavoured drinks were available in communal areas and staff were observed to encourage residents to drink. The inspector observed the lunchtime meal on the day of this inspection and found that each resident was provided with a nutritious and varied diet that provided them with choice of hot dish. The menu was was displayed on a notice board in the dining room for residents’ information.

Staff were observed to engage in monitoring and encouraging residents to take fluids. Residents and relatives spoken with expressed their satisfaction with the meals and snacks provided. The inspectors observed that residents who required assistance received same in a dignified and discrete way by staff.

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

Findings:
The inspector followed up on actions from the previous inspection regarding social care assessments and met with the centres’ activities coordinator who worked full time. She demonstrated a good knowledge of each resident. A social assessment was completed for each resident called a ‘Key to Me’ which identified the residents’ background, previous work experience and family details. Assessments were comprehensive. It was evident from speaking with staff members and from a review of a sample of social assessments and activity records completed that staff endeavoured to ensure that activities were provided in accordance with residents’ interests and capacities. The inspector found that the electronic system in use did not capture the range of activities engaged in. For example, one resident enjoyed puzzles and word searches and these were provided however this was not recorded and another resident who used to work with figures still retained this interest despite her dementia. Staff described how any activity involving figures helped alleviate her anxiety during periods of behaviours associated with her dementia however this was not recorded on the electronic care planning system. This action has been repeated in the action plan that accompanies this report.

Residents’ privacy needs were generally respected, however, some shared bathrooms did not have locks fitted to ensure residents privacy.

Judgment:
Non Compliant - Moderate

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
There were sufficient numbers of staff with the right skills, qualifications and experience to meet the assessed needs of the residents in the centre at the time of this inspection.

There was evidence that all staff nurses had renewed their registration for 2016 with Bord Altranais agus Cnáimhseachais na hÉireann. There was an actual and planned staff rota; these rosters reflected the name and role of each staff member on duty.

Records reviewed confirmed that staff had completed mandatory training in fire safety, manual handling and protection of vulnerable adults. Staff had also been provided with training in a range of clinical areas such as, nutrition, dementia, wound care, Cardiac Pulmonary Resuscitation (CPR), sub cutaneous fluid infusion, and end of life care.

The person in charge was completing staff appraisals on an annual basis. A sample of four staff files reviewed contained all the required documents as outlined in schedule 2.

**Judgment:**
Compliant

### Closing the Visit

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

**Acknowledgements**

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

**Report Compiled by:**

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

Provider's response to inspection report

Centre name: Holy Family Nursing Home
Centre ID: OSV-0000349
Date of inspection: 30/08/2016
Date of response: 03/11/2016

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:
There was no evidence that residents and their families had been involved or consulted in the review and a quality improvement plan had not yet been developed.

1. Action Required:
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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:
Improvement plan in progress. Residents feedback gathering is in place and reviewed every 4 months to ensure quality improvement plans take account.

Proposed Timescale: Completed/Ongoing

Proposed Timescale: 02/11/2016

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:
The inspector observed that the flooring in some areas was beginning to bubble and at some junctions the floor strips were slightly raised which could pose a tripping hazard.

2. Action Required:
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
Hazardous floor strips have been replaced and flooring in rooms and areas that was bubbling is ordered from the supplier.

Proposed Timescale: 30/11/2016

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:
In one care plan however, the advice of a GP regarding modifications to a resident’s diet had not been transferred into the residents nutritional care plan and the resident was consequently not receiving the correct textured diet prescribed.

3. Action Required:
Under Regulation 06(2)(b) you are required to: Make available to a resident medical treatment recommended by a medical practitioner, where the resident agrees to the recommended treatment.

Please state the actions you have taken or are planning to take:
This action was completed immediately and staff reminded to ensure this is always actioned.
**Proposed Timescale: 02/11/2016**

### 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:
Floor covering was beginning to lift in some areas including one day room and at junctions on the corridors which could cause residents to trip and some skirting boards were damaged.

4. **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:
New floor covering in Dayroom 2 that is lifting is on order.

**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:
Learning outcomes from investigation of a complaint not recorded on the complaint form to ensure that any measures required for improvement in response to a complaint were completed.

5. **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:
This was a learning point and the process has been changed and communicated to staff to ensure it is not repeated.

**Proposed Timescale: 02/11/2016**

### Outcome 16: Residents' Rights, Dignity and Consultation

**Theme:**
The Registered Provider is failing to comply with a regulatory requirement in the following respect: 
The inspector found that the electronic system in use did not capture the range of activities engaged in.

6. 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 activities co-ordinator is now inputting on to the electronic system all the activities that the residents are participating in on a weekly basis.

Proposed Timescale: 30/11/2016

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some shared bathrooms did not have locks fitted to ensure residents privacy.

7. Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
Four new privacy/security locks have been fitted in the shared bathroom to ensure residents privacy.

Proposed Timescale: 02/11/2016