

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Mary's Residential Care Centre
Centre ID:	OSV-0000726
Centre address:	Shantalla Road, Galway.
Telephone number:	091 540 500
Email address:	stmaryscarecentre@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St Mary's Nursing Home Limited
Provider Nominee:	Martin Breen
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	59
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 September 2016 10:30	08 September 2016 18:30
09 September 2016 08:30	09 September 2016 11:00

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Substantially Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Substantially Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Substantially Compliant

Summary of findings from this inspection

This was an unannounced inspection with a focus on the provision of dementia care. The provider had also applied to vary condition 7 of his current registration with the Health Information and Quality Authority (HIQA) to increase the maximum number of registered beds in the centre from 60 to 62. The inspector reviewed both dementia care and the application to vary.

Regarding dementia care this inspection was to evaluate the quality of live for residents with dementia. The inspector focused on six outcomes that had direct impact on dementia care.

The inspector reviewed the documents related to the application to vary condition 7 of the registration. The newly developed bedroom was a twin en-suite bedroom (20.27sq m) located on the ground floor adjacent to the sitting room. While it was

decorated it required some further work which is detailed under Outcome 12.

St Mary's is located in Galway city centre in the grounds of St. Mary's College. The centre is built on two levels, and set in the grounds of St. Mary's College. There are 60 single bedrooms, thirty on each floor with en suite assisted shower, toilet and wash-handbasin facilities. A twin room (the subject of the application to vary) with an en-suite facility is in the process of development. This does not include a structural change to the building, it is a change of use of a room. The oratory, visitors' room and hairdressing are located on the ground floor. The building is wheelchair accessible with car parking provided around the building. Two enclosed gardens which can be accessed directly from the ground floor day areas and two first floor balcony areas accessible from the first floor day rooms are available.

At the time of the last inspection in August 2015 the centre was found to be in compliance with the regulations and no actions were required. The Person in Charge had attended information seminars given by the Health Information and Quality Authority (HIQA) regarding dementia inspections. The centre did not have a dementia specific unit. On the days of inspection there were 59 residents accommodated, 29 had a formal diagnosis of dementia.

The inspector tracked the journey of a number of residents with dementia within the service. An observational tool (QUIS) in which social interactions between residents and care staff are coded as positive social, positive connective care, task orientated care, neutral, protective and controlling or institutional care/controlling care was used by the inspector. The results reflect the effect of the interactions on the majority of residents (This is discussed under Outcome on Rights, Dignity and Consultation). Overall the inspector observed positive connective care. At the request of HIQA the provider had submitted a completed self assessment on dementia care together with relevant policies and procedures. The provider and person in charge had stated that the centre was substantially compliant with Outcomes relating to Health and Social Care Needs, Safeguarding and Safety, Complaints Management, Residents' Rights, Dignity and Consultation and Suitable Staffing. A rating of compliant was documented for Safe and Suitable Premises. An action to achieve compliance in all areas documented as substantially complaint was documented and these had all been completed at the time of inspection. For example an advocate had recently been appointed, 63 staff had undertaken training in dementia care and bedrail use had been reviewed and reduced.

Areas that required review was the need to ensure that appropriate information relevant to the wellbeing and quality of life of residents with dementia is provided in the event that a resident is transferred to an acute hospital setting and ensuring that behaviour support plans are person centred and contain a specific reactive strategy in order to guide and inform staff regarding the management of behaviours expressed. The bedroom was not fully completed with fixtures and fittings. Only one call bell was installed, a stainless steel sink was available, this to be replaced by a ceramic hand sink, privacy curtains need to be erected and over bed lights.

At the feedback meeting at the end of the inspection, the findings were discussed with the provider nominee, the Person in Charge and other staff members. Matters

requiring improvement are discussed throughout the report and set out in the action plan at the end of this report in order to comply 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.

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: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Pre admission assessments were conducted by the Person in Charge or her deputy which considered the health and social needs of the potential resident. The inspector found that residents' wellbeing and welfare was protected. Residents had access to medical services as required and to a range of allied health professionals including physiotherapy, occupational therapy, speech and language therapy, chiropody, audiology services, ophthalmology, dietetic services and dental services.

The inspector viewed a number of resident's care plans and was satisfied that they were comprehensive and sufficiently detailed to ensure the care of residents was adequate, and that nursing care was in line with evidenced based best practice with the exception of behaviour support plans - this is discussed under safeguarding.

Care plans included specific health issues such as epilepsy and diabetes. Individual specific risk assessments related to the use of bed rails and residents' risk of falls. Residents' weights were monitored. While staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspector and the inspector observed evidence of good communication with relatives when they visited, however, there was poor evidence available that residents and/or family, where appropriate, participated in reviews of the care plans.

A mental state assessment is completed on all residents on admission and repeated at regular intervals. This looks at memory or other mental abilities and helps to diagnose dementia and assess its progression and severity. It is also used to assess changes in a person who has already been diagnosed with dementia and can help to give an indication of how severe a person's symptoms are and how quickly their dementia is progressing.

Residents were provided with a varied and nutritious diet which met their individual dietary needs and preferences. Drinks and snacks were available throughout the day. Residents were supported to have meals in one of the dining rooms or in their bedrooms if they preferred. The inspector observed lunch and tea on day one of the inspection and was satisfied that there was adequate staff to assist residents. Staff offered residents a

choice of meals and asked residents if they would like condiments such as sauces with their meals. Catering staff had a good knowledge of resident's needs and preferences. Information pertaining to resident dietary requirements was available to catering staff.

A centre specific medication management policy was in place. The inspector viewed a sample of medication prescription and administration sheets. All medications were regularly reviewed by the general practitioners (GP). Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis. The inspector observed part of a medication administration round and found that medication was administered in line with good practice guidelines.

The inspector was satisfied that residents received appropriate end of life care and that the care addressed residents' physical, emotional, psychological and spiritual needs. Resident care plans contained a detailed 'Ask me what I want' questionnaire which addressed the resident's preferences at end of life. The inspector viewed a sample of these and was satisfied that staff was aware of resident wishes. The person in charge told the inspector that the subject of resuscitation is discussed with residents, relatives and the general practitioner and some residents had do not resuscitate orders in place.

Staff training records indicated staff had attended training on end of life care. Staff had received training on the use of a syringe driver (a mechanical pump used to administer medications) in symptom management. Family/significant others were supported to be with the resident at end of life. Overnight facilities and refreshments were available for relatives' use. Palliative care services and regular review by general practitioner services formed part of the end of life care service.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
Measures were in place to protect residents from being harmed or suffering abuse. Staff had been provided with training in recognising and responding to elder abuse. Garda Síochána vetting was in place for all staff employed at the centre. Staff spoken with were able to identify the different types of abuse and was aware of the procedures if an allegation of abuse was received and these were in line with the centre's policy on protection. Residents stated that they felt safe in the centre and said they would speak with the person in charge or one of the staff if they had any concerns.

There were policies in place about managing behavioural and psychological signs and symptoms of dementia (BPSD) and restrictive practices. A culture of promoting a restraint free environment with an increase in the use of alternative safety measures such as chair alarms and low- low beds was in place. In discussion with the person in charge she described how most were used as an enabling function and were in place for the purpose of positioning or enhancing the residents' function. However care plans were not in place detailing the rationale for use of bed rails. Laps straps were in use mainly as a safety measure when moving residents in chairs. Records indicated that restraint was only used following a risk assessment and there was evidence of discussion with the resident .There was evidence of ongoing review on the use of the restraint measure.

The inspector reviewed behaviour support plans for some residents. These require review to ensure they are person centred and contain a specific reactive strategy in order to guide and inform staff regarding the management of behaviours expressed. There was evidence of access to specialist services and staff had attended training in management of responsive behaviour.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Residents social care needs were being met by a varied activity programme. The residents had access to activities seven days per week and activities provided were varied and appropriate to resident needs and preferences. The centre employed two activities coordinators who provided group activities for all to participate in and tailored one to one activities for residents who requested or required 1:1 activity.

While residents told the inspector that they were consulted with regard to activities and the running of the centre and residents meetings were held every 4 months no action plan was produced post these meetings. The person in charge stated that actions documented post the most recent inspection in 2016 had been addressed. These included arranging a garden party and staff and residents dressing up and having a fun day to run contemporaneous with ladies day at Galway races. The last meeting was attended by 35 residents and 1 relative. Minutes of these meetings supported that residents were involved, in discussing activities, the food and their views of the service.

A range of activities were available, including crafts, flower arranging, cards, exercise class and going for walks. A picture version of the activity schedule was available. The inspector met with one of the activity co-coordinators. She explained the assessments she carried out to ensure that a comprehensive social care history was obtained in the key to me by nursing staff on admission. However the activities coordinators did not utilise some information from the residents 'key to me' form in the care file which detailed residents' past interests and link this to personalised activities for residents.

An activity attendance record was available for each resident. A monthly newsletter was produced which was available to residents and relatives. Assistive technology was available to enhance residents' lives. An ipad was available for residents use and residents could watch a friend or relatives funeral service if they were unable to attend the service.

There were no restrictions on visitors and residents could meet visitors in private. On the days of inspection visitors were observed spending time with residents in the sitting room. Some residents chose to spend time in their bedrooms watching TV or with visitors or friends according to their own individual preferences.

Observations of the quality of interactions between residents and staff in communal areas of the centre for selected periods of time indicated there was a high level of positive interactions between staff and residents. Staff chatted with and responded positively to residents when they initiated conversation and spent time encouraging residents to voice their views and opinions.

The Inspector observed that staff chatted with residents as they met them throughout the centre checking with them and as they accompanied them to the dining room or to activities. There was staff available at all time in the communal areas. An independent advocacy service was available.

The centre is located near a secondary school and the person in charge told the inspector that students of the school visit the centre. Newspapers were available and any specific requests could be accommodated There was a relaxed atmosphere in the centre and residents looked well cared for. Mass was available daily and this was praised highly by residents as spiritual care was an important aspect of the service provided.

Group and individual Sonas (a therapeutic activity for residents who are cognitively impaired) was available for residents. Many residents had an opportunity to engage in 'reminisance therapy'. Residents had access to an in house hairdressing salon Tuesday to Saturday each week. Resident's civil rights were protected and in house voting was organised.

Judgment:
Substantially Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was a comprehensive complaints policy in place which outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed and included the name of the complaints officer and details of the appeals process. A nominated person separate to the person nominated in Article 34 (1) (c) was identified to ensure that all complaints were appropriately responded to. Residents had access to an advocate who visited the centre regularly.</p> <p>The inspector was satisfied the person in charge had appropriate systems in place to manage complaints. A synopsis of the procedure was outlined in the Residents Guide and the Statement of Purpose. The inspector reviewed the complaints log, details of complaints and the outcomes. All complaints had been recorded, investigated and resolved. The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service.</p>
<p>Judgment: Compliant</p>

Outcome 05: Suitable Staffing

<p>Theme: Workforce</p>

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Based on observations of the inspector there were adequate staff on duty to meet the needs of residents. There were registered nurses on duty at all times. Staff spoken with by inspectors were knowledgeable of residents needs and were seen to converse well with residents. The provider and person in charge confirmed that they would increase staffing according to their assessment of residents needs if granted an increase of two residents. In the providers application for variation to registration the provider had stated that an additional 6.5 direct care hours daily would be rostered. The inspector discussed this with the provider and person in charge and explained that this may not be sufficient if two high or maximum dependency residents were admitted and the addition of other residents could not impair the care of the current residents. The person in charge stated those additional staff hours would be allocated according to the assessed needs of all residents and that in the initial phase extra hours to her assessment would be rostered. The provider also stated in his application for variation of the current registration that he plans to purchase a further hoist.</p>

Residents and staff spoken with expressed no concerns with regard to staffing levels. Staff was available to assist residents and residents were supervised at all times. The inspector observed that staff delivered care in a respectful and timely manner. Staff was supervised appropriate to their role. There was always a member of management on duty to supervise and support staff. On the days of inspection the inspector found there were appropriate staff numbers to meet the needs of residents. A planned and actual staff roster was in place, with any changes clearly indicated and the staffing in place on the day of inspection was reflected in this roster. The inspector noted that these were the standard staffing levels. This was also confirmed by staff.

There was effective recruitment procedures in place, and a random selection of staff files were checked by the inspector to ensure that all the requirements of Schedule 2 of the Regulations had been met. The person in charge confirmed that all staff working in the centre had Garda Síochána vetting available and appropriate references. Confirmation of up to date registration with An Bord Altranais agus Cnáimhseachais Na hÉireann for all nursing staff was available. Training records were reviewed and evidenced that all staff had been provided with training in fire safety, moving and handling and safeguarding vulnerable persons. Other courses attended food hygiene, dementia care, hand hygiene and end of life care.

Judgment:

Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the premises met with the requirements of the Regulations and the Authority's Standards. The centre was purpose built and opened in 2011. It was well maintained, nicely decorated and well furnished. It was warm, clean and odour free throughout. The centre comprises of two floors with bedrooms and communal day areas provided on both floors. All bedrooms were single with assisted shower en suites. Each bedroom was furnished with a bed, wardrobe, locker, desk and chair. All bedrooms had call bell facilities, reading light, television, radio and telephone. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms.

The newly developed en-suite bedroom, the subject of the application to vary, was inspected. It is 20.27sq m. The centre wishes to develop a twin/double room in order to cater for residents who request to share a bedroom. The provider and person in charge stated that they were aware that further work was required to ensure that the room would meet the needs of two residents in a homely domestic style way. The proposed

new bedroom is located on the ground floor in close proximity to the dining and sitting area. The bedroom was not fully completed with fixtures and fittings. Only one call bell was installed, a stainless steel sink was available, this to be replaced by a ceramic hand sink, privacy curtains need to be erected and over bed lights. The provider stated that the room would be furnished to the same standard as the developed bedrooms and would contain a bed, wardrobe, locker, desk and chair, reading lights, television, radio and telephone. An assisted shower en suite was available.

Colours and signage was in use was to enhance the environment for residents with dementia. Each room contained adequate storage facilities for personal items including a lockable storage area. In en-suite areas an alert strip that you can kick if you had fallen was available. This ensure that where residents fell and would be unable to reach the call bell could alert staff by kicking the strip.

There were two enclosed landscaped gardens which could be accessed directly from the ground floor day areas and two first floor terrace/balcony areas accessible from the first floor day rooms. The gardens were well maintained and there was an enclosed area for the centre's turkey and duck. Plans were in place to get alpacas. Residents spoken with expressed an interest in the animals.

There was appropriate assistive equipment provided to meet the needs of residents. The inspector viewed the maintenance and servicing contracts and found the records were up to date and confirmed that equipment was in good working order.

Judgment:

Substantially 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:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Mary's Residential Care Centre
Centre ID:	OSV-0000726
Date of inspection:	08/09/2016
Date of response:	07/11/2016

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

There was poor evidence available that residents and/or family, where appropriate, participated in reviews of the care plans.

1. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise

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

it, after consultation with the resident concerned and where appropriate that resident's family.

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

In line with best practice all review of care plans will now clearly show that the review was held in conjunction with the resident or family where appropriate.

Proposed Timescale: on-going

Proposed Timescale:

Outcome 02: 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:

Behaviour support plans for some residents require review to ensure they are person centred and contain a specific reactive strategy in order to guide and inform staff regarding the management of behaviours expressed.

2. 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 that is challenging.

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

All behaviour support care plans now have a specific reactive strategy for staff.

Proposed Timescale: 01/11/2016

Outcome 03: 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 activities coordinators did not utilise some information from the residents 'key to me' form in the care file which detailed residents' past interests and link this to personalised activities for residents. Additionally some personal calendars were sparsely completed and not person centred.

3. 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 now has a copy of all "the key to me" forms. We are currently introducing the personalised calendars for all residents that would like them.

Proposed Timescale: On-going

Proposed Timescale:

Outcome 05: Suitable Staffing

Theme:

Workforce

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

An additional 6.5 direct care hours proposed may not be sufficient if two high or maximum dependency residents were admitted.

4. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The appropriate staffing level will be in place once the room is occupied and based on the dependency levels of the residents.

Proposed Timescale: Once room registered and occupied

Proposed Timescale:

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The proposed new bedroom was not fully completed with fixtures and fittings. Only one call bell was installed, a stainless steel sink was available, this to be replaced by a ceramic hand sink, privacy curtains need to be erected and over bed lights. The provider stated that the room would be furnished to the same standard as the developed bedrooms and would contain a bed, wardrobe, locker, desk and chair, reading lights, television, radio and telephone.

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:

The room was not completed on the day of the inspection. On completion the room will meet the same high standard of finish that is evident in all the other 60 rooms.

Proposed Timescale: 10/11/2016