Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	St. Monica's Nursing Home
Centre ID:	OSV-0000177
Centre address:	28 - 38 Belvedere Place, Dublin 1.
Telephone number:	01 855 7523
Email address:	bridie@stmonicasnhl.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St. Monica's Nursing Home
Provider Nominee:	Bridget McGroary Fletcher
Lead inspector:	Leone Ewings
Support inspector(s):	Shane Walsh
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	43
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 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 1 day(s).

The inspection took place over the following dates and times

From:	To:
12 October 2016 09:30	12 October 2016 17:30

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	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Non Compliant - Moderate

Summary of findings from this inspection

The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection focused on six outcomes and followed up the actions from the last monitoring inspection which took place on 8 July 2014. Twenty four of the 43 residents in the centre had a diagnosis of cognitive impairment, Alzheimer's disease or dementia. The centre did not have a dementia specific unit. One resident was in hospital at the time of the inspection. The two action plans from the last inspection relating to medication and care planning were addressed.

Prior to this inspection the provider had been requested to complete a self-assessment document and review relevant polices. The judgments in the self assessment stated all outcomes were in compliance. The inspectors found the provider was in moderate non compliance with one outcome - premises, substantial

compliance with two outcomes and compliant with three outcomes. Improvements were required with the premises relating to the use of communal space, provision of bath/shower room and storage. Premises also required some review to ensure it meets the fully requirements of the Standards and enabled residents with dementia to locate facilities. The management of complaints required some improvement in terms of record-keeping.

The inspectors found that the centre met the care needs of residents with dementia and operated in line with the statement of purpose. Information was available for residents and relatives about dementia and residents' health care needs were well met. Responsive behaviours were well managed by staff with good communication techniques, and meaningful activities available.

The person in charge had changed since the last inspection and the provider had notified of the interim arrangements in place whilst recruitment took place. The staffing in place including numbers and skill mix were found to meet the needs of residents. Staff had received training which equipped them to care for residents who had dementia. Staff were kind and respectful at all times. Good communication was observed and staff were available in a timely manner to residents and relatives. Residents with dementia had their choices in relation to all aspects of their daily lives fully respected by staff.

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

Findings:
This outcome was judged to be compliant in the self-assessment. The inspector judged it as substantial compliance.

Residents' wellbeing and welfare was found to be maintained to a good standard. Medicines management now reflected best practice in terms of administration practices. Improvements in care plans for residents with wounds or pressure ulcers had improved. Nonetheless some further improvements were required to records and care plans.

The admissions policy in place set out how each resident's needs would be assessed prior to admission, on admission and then reviewed at regular intervals. A review of the residents' records showed that this was happening in practice. The pre-admission assessments completed considered if the centre would be able to meet the residents' assessed needs. For residents admitted under Fair Deal, the common summary assessment forms (CSAR) were available. These documents identified a multi-disciplinary detailed assessment of each resident's needs, and an assessment of each persons' cognitive abilities. The provider or person in charge visited the resident at home or in the acute setting to complete a pre-admission assessment.

The person in charge or registered nurse completed a detailed assessment for each resident on admission. The records completed showed the detail of how to support the residents in relation to their identified needs. For example; communication, nutrition, daily living skills, mobility and pain management. Detailed care plans were created on admission and developed as the staff got to know the resident better. Each resident's assessed needs were set out in care plans which identified their needs and interests.The inspectors confirmed care plans were in place for all care needs including psycho-social care, and these provided adequate guidance for staff involved in care provision.

The records viewed were generally found to be clear and person-centred and reflected the care provision observed by the inspectors. However, some of the residents' records viewed did not consistently record the residents' up-to-date weights and some nutritional care plans were not specific to inform and guide care. Documentation

practices were discussed with the provider and nursing staff, as inspectors found the use of information collected in the weights book had not been used to fully inform the care plan reviews.

Residents could retain their own general practitioner (GP) if this was feasible. Arrangements were in place for all residents to access local GP services. Records reviewed confirmed that where medical treatment was needed it was provided in a timely manner. Referrals had been made to other services as required, for example, dietician, speech and language therapist, optician, dentist and tissue viability nurse.

A detailed life history document was implemented by staff and involved resident, relatives and activities staff. Memory and familiar items in residents' room along with items of reference for each resident were in place to assist with settling in. The records reviewed reflected important personal information and events in each resident's lives.

Records also showed that where there were known risks relating to a residents' care they were set out in the care planning documentation on admission. The documentation reviewed relating to nursing assessments completed. Adequate behavioural support care plans were in place to inform and guide staff prior to the consideration of the use of any form of restrictive practice.

Care plans were informed by assessment information and were seen to include health and social needs, with information about residents social, emotional and spiritual needs included. Areas such as each individuals understanding of their health care needs were covered in the documentation, and end of life care wishes (where appropriate). Where residents had religious or spiritual beliefs, this was clearly recorded in their care plan.

Medicines management was observed to be well managed and supported each resident individually. The nursing staff demonstrated a person-centred safe approach to administering medicines. Practices observed by inspectors were found to be safe and documented fully in line with Nursing and Midwifery Board of Ireland (NMBI) guidance.

Some residents identified to the inspectors, who required support with eating and drinking, had their meals in the main dining room, or in their own rooms. One observation took place during the lunch service in the dining room which overlooked the internal courtyard garden. Catering staff managed the mealtime well, with good levels of nursing and care supervision found to be in place. Meals were found to be hot and well presented, and residents who spoke with the inspector enjoyed the choices available to them. The staff offered choices to each resident. Staff provided individual attention and checked with residents if they required anything else to enjoy their meals. Menus and cutlery were on the table, and all condiments and drinks were available to promote self service. Good communication was evident, for example, staff were observed speaking face to face with residents when offering choice. Staff also sat next to residents who required additional support with eating their meal.

The inspectors noted that a cool water dispenser machine was noisy at times when used in the dining room. The provider confirmed that this would be addressed on the day of the inspection. A table was allocated on the day of the inspection for people visiting the day centre services, and all were comfortably accommodated in the spacious dining

room.

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:
This outcome was judged to be compliant in the provider's self assessment, and inspectors judged it as compliant.

Inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. The approach used by all staff demonstrated a good standard of consent led service provision. Many elements of good practice to safeguard residents privacy and dignity and rights were observed during this inspection by inspectors.

There was an up-to-date safeguarding policy in place. Inspectors spoke with a number of staff members who were clear on what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about resident safety or wellbeing.

Records that were reviewed confirmed that staff had received training on recognising and responding to elder abuse. All staff were required to attend this mandatory training. Since the last inspection there had been no reports or any allegation of abuse notified to the Chief Inspector. All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive. Relatives of residents spoke highly of the care provided by the staff and their caring attitude.

Evidence based policies in place about responsive behaviours (also known as behavioural and psychological signs and symptoms of dementia) and a policy on restraint was in place. Inspectors were informed by the staff that they had training in how to support and communicate with residents with dementia.

Training records read confirmed that staff had attended training on responsive behaviours and dementia awareness.

At the time of the inspection, a small number of residents presented with some responsive behaviours in the centre. Residents who required support had an assessment completed and care plans were developed that set out how residents should be

supported if they had responsive behaviours. Inspectors saw that they described the ways residents may respond in certain circumstances, and that action should be taken, including how to avoid the situation escalating. Staff spoken with were very clear about how to manage and re-direct. Staff also considered how residents were responding to their environment and were supporting people to feel calm.

There were a small number of residents who were assessed as requiring the use of bed rails in the centre. There was a clear policy on restrictive practices. The policy, practice and assessment forms reviewed reflected practice in line with national policy, as outlined in Towards a Restraint Free Environment in Nursing Homes (2011).

A small number of residents had supports in place with their finances and personal property. The inspectors reviewed the records and policy with the manager responsible for accounts. The records were reviewed by the inspectors and the governance and oversight on this was found to satisfactory. Access to their own funds was fully facilitated and records and receipts were fully maintained.

Judgment:
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 in the centre were consulted with about how the centre is run. Residents' rights were promoted and dignity was respected.

Inspectors observed staff and resident interactions throughout the day. Staff were observed to be calm and spoke to residents in a kind and friendly manner. Staff and residents were observed to be chatting throughout the period of the inspection. Inspectors observed staff knocking on doors before entering resident's bedrooms. Inspectors observed that when a resident seemed confused about who staff members were, the staff helped put the resident at ease. When resident's refused to take medication this was respected. Staff would return at a later point and see if the resident had changed their mind. Inspectors observed this practice.

Residents were observed to be moving throughout the centre, both independently and assisted. Staff informed the inspectors that there was an open visitor policy. This was observed to be the case and residents received visitors throughout the day. Residents could receive visitors in private either in their bedrooms or in the visitor's room located on the ground floor.

There was an activities plan in place for the centre. During the inspection, the activities for the first and second floor were held in the day room on the ground floor. This day room was limited in size and it was observed that during live music some residents were sitting outside the room with limited view of the activity (see Outcome 06: Safe and Suitable Premises). There was access to a safe enclosed landscaped courtyard garden for residents.

Residents had access to two voluntary independent advocates. Contact details for the advocates was listed under the complaints procedure displayed on all floors. Both advocates facilitated the holding of resident' meetings. Any issues raised by residents during these meetings were submitted to the management of the centre in an anonymous manner, so they could be addressed and put into practice if possible.

Residents' religious needs were observed to be met in the centre. Staff informed Inspectors that all residents were Roman Catholic or Non-Practicing. Mass was regularly held in the centre to which residents could attend if they wished. Residents with limited mobility were visited after the mass to receive communion if they desired it. Residents had access to a wireless land-line telephone. Staff informed the inspectors that a number of residents had their own land-line installed in their bedrooms. Newspapers were delivered to residents on a daily basis. There was access to television, radio and internet in the centre.

Residents' civil rights were respected in the centre. Residents were supported to visit the local polling station. Less mobile residents were also facilitated to vote in the centre.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

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

Findings:
A complaints procedure and a complaint's policy was in place that guided practice. The person in charge was the person nominated to deal with all complaints and ensure that they are fully investigated. There was an appeals process outlined within the policy. However, some improvements were needed around the clarifying the complaints process and documenting if complainants had been informed of the outcome of a complaint.

The complaints procedure was displayed prominently on each floor in an area near the nurses' station and was in line with the information within the complaints policy. The policy listed the various contacts relating to making a complaint or appealing a complaint but did not clearly differentiate between which contact was involved in the

initial complaint and which contact should be contacted to appeal the outcome of a complaint.

Inspectors reviewed complaints records. Complaints were recorded in a complaints log held on each floor in the nurses' station. Both logs contained information of the complaint, the action taken to address the complaint and the outcome of the complaint. However, the records did not consistently detail if the complainant had been informed of the outcome of the complaint.

There was no evidence to suggest that any resident or relative had been adversely affected due to making a complaint.

Judgment:
Substantially Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
The centre had appropriate staff numbers and skill mix to meet the assessed needs of the residents. Throughout the inspection, the inspectors found that staff numbers in the centre were sufficient to meet the needs of the residents. The atmosphere throughout the inspection was calm. Staff did not seem rushed and the provision of care never seemed to be task driven. Care was undertaken in a slow person-centred manner. Staff were observed to reassure and communicate clearly with residents, offering choice before continuing to assist them.

Inspectors reviewed the planned and actual rota in the centre. The actual rota was found to be representative of the staff that were on duty during the inspection. Agency staff were in use during the inspection. Inspectors were informed that the centre aims to use the same agency staff and they had worked in the centre on a number of occasions. Inspectors found that supervision was appropriate for staff. During the day there was always at least one nurse on duty on the first and second floor. There was also a Clinical Nurse Manager on duty between both floors.

Training records were reviewed. Seven staff had been identified as being between two and four months out of date for training in fire safety. These staff had already been identified in the centre and were scheduled to attend training two days after the inspection date. Confirmation of attendance to the training was provided to the inspectors post inspection.

Four staff files were reviewed and it was found that all contained the requirements listed in schedule 2. Inspectors were informed by management and by all staff spoken to that

Garda Vetting was in place for all staff. Inspectors confirmed that this was in place for the three most recently recruited staff members. A small amount of agency staff supplemented the staff roster for unanticipated leave. The provider confirmed that she had the full staffing complement in place. Agency staff carried an identification card which confirmed the date they had been Garda Vetted. All volunteer files were reviewed and it was found that they had completed Garda Vetting disclosures.

Judgment:
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 centre is located in the city centre of Dublin in a purpose built premises. Accommodation consists of 45 beds over 4 floors of a six-storey building. The top two floors are in private use. Residents' bedrooms are all located on the first and second floor, 41 single and 2 twin bedrooms are available. Communal day space and living areas on the ground floor. Service areas including kitchen and laundry are in the lower ground floor. Two lifts were provided to move between the floors. The building was found to be clean, tidy and generally in a good state of internal and external repair. A secure internal courtyard garden was accessible from the main living room. Access to the building is by a flight of stairs to the front of the building and level access is to the rear of the premises via a secure entry system gate. Paid parking is available on the street in front of the centre.

The layout of the centre was found to be in line with the statement of purpose and largely suitable to meet the needs of all residents. The centre was well lit, heated and ventilated, inspectors noted that all rooms had a wash hand basin and were personalised. Inspectors observed that some signage was in place to guide residents with dementia appropriately around the building. However, some improvements could be made in terms of the use of door colours to identify toilet and shower facilities as all doors in all four corridors were painted the same colour. A large church on the first floor was accessible to residents for daily mass services. A nursing office and clinical room, was in place on the first and second floor, for handover and storage of records.

The centre has a large dining room on the ground floor and a separate sitting room and parlour. A private visitor's room is located beside a reception desk where staff are available. All rooms are appropriately furnished and decorated in a domestic manner and easily identifiable for residents to find. The sitting room on the ground floor was central point by many residents' during the day to sit in, read the paper, chat and take part in any communal activities. A music session was ongoing on the afternoon of the inspection. The room was busy and some people were also seated in the nearby front

reception space.

There were an adequate number of assisted toilets.These were spacious, decorated appropriately and provided with a call bell. Four bath or shower rooms were available two on each floor which does not meet the recommended standard of a minimum ratio of one assisted bath (or assisted shower, provided this meets residents' needs) to eight residents. Bathrooms were accessible to residents, and may be locked from the inside and were spacious enough to accommodate a wheelchair user. However, inspectors found that the storage of hoist and other equipment limited space in some bathrooms.

The bedrooms were decorated so as to be personal and individualised to each resident, and had an adequate amount of storage for clothes and personal belongings, including lockable space for valuables. There was access to assistive equipment used in the centre, for example, hoists and wheelchairs.

The provider aims to minimise the risk of accidents at the centre. The corridors were fitted with grab rails and all floors were free of trip hazards. There were suitable and secure outdoor areas in the form of the garden, with a seating area that was used by residents, and large landscaped grounds. The bedrooms, communal bathrooms, sitting and dining rooms were equipped with working call bells.

The centre had well equipped and maintained kitchen and laundry facilities. Inspectors reviewed records of regular servicing, and checks of assistive equipment, water thermostatic controls, lifts, call bells.

This outcome was judged to be compliant in the self assessment, and inspectors judged it as a moderate non-compliance.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Inspector of Social Services
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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	St. Monica's Nursing Home
Centre ID:	OSV-0000177
Date of inspection:	12/10/2016
Date of response:	22/11/2016

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:
Written care plan records viewed did not consistently record the residents' weights, and some nutritional care plans were not specific to inform and guide care to meet residents' individual needs.

1. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after

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

that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
Individualised care plans and assessments were in place for all residents however all staff were reminded to ensure that all residents weights ,nutritional care plans and any other changes are accurate and updated to reflect any changes in care.

Proposed Timescale: 31/12/2016

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure did not clearly differentiate the initial complaints contacts from the appeals contacts..

2. 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:
Our current complaints and appeals procedure is being updated to have a step by step complaints process documented more clearly.

Proposed Timescale: 31/12/2016

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaint log did not consistently detail if the complainant had been informed of the outcome of the complaint.

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

Please state the actions you have taken or are planning to take:
The Nursing Home had no formal complaints on file. Some small issues were documented in the complaints log but the outcomes of these were not documented. All staff were reminded to complete the outcome of the complaint and whether the complainant was satisfied.

Proposed Timescale: 30/11/2016

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:
Suitable storage arrangements for assistive equipment was not found to be in place.
A minimum ratio of one assisted bath (or assisted shower, provided this meets residents' needs) to eight residents was not in place.
Communal day space used in the centre requires review in order to prevent areas such as the sitting room on the ground floor becoming over-crowded.

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

Please state the actions you have taken or are planning to take:
The Nursing Home has engaged the services of an architecture to present proposals to address the issues raised.

Proposed Timescale: First report for discussion at the Board meeting in February 2017.Works to begin as soon as practical thereafter.

Proposed Timescale: 28/02/2017