

**Health Information and Quality Authority
Regulation Directorate**

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



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|---|--|
| Centre name: | St Eithne's Rest Care Centre |
| Centre ID: | OSV-0000699 |
| Centre address: | Corbally, Tulsk, Castlerea, Roscommon. |
| Telephone number: | 071 963 9980 |
| Email address: | tulskps@gmail.com |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | TSP Suil Ar Aghai Company Limited by Guarantee |
| Provider Nominee: | Seamus Conway |
| Lead inspector: | Marie Matthews |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 10 |
| Number of vacancies on the date of inspection: | 0 |

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.

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 06 April 2017 09:00 To: 06 April 2017 18:00

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

| Outcome | Our Judgment |
|---|-------------------------|
| Outcome 01: Statement of Purpose | Compliant |
| Outcome 02: Governance and Management | Compliant |
| Outcome 04: Suitable Person in Charge | Compliant |
| Outcome 07: Safeguarding and Safety | Compliant |
| Outcome 08: Health and Safety and Risk Management | Substantially Compliant |
| Outcome 09: Medication Management | Substantially Compliant |
| Outcome 11: Health and Social Care Needs | Compliant |
| Outcome 12: Safe and Suitable Premises | Substantially Compliant |
| Outcome 13: Complaints procedures | Compliant |
| Outcome 16: Residents' Rights, Dignity and Consultation | Compliant |
| Outcome 18: Suitable Staffing | Compliant |

Summary of findings from this inspection

This announced inspection was completed in response to an application to renew the certificate of registration. The centre provides care to 10 residents from the locality with low or medium dependency needs. It does not accept emergency admissions or residents with high dependency needs. It is a not-for-profit organisation which is managed by a committee of volunteers from the local parish. The centre is located in a small housing estate beside the parish church in Tulsk, just off the N5. It's a short walk to the village which has shops and a coffee shop and pubs.

The inspector met with the provider nominee Seamus Conway who is the Chairperson of the committee and with Alice Wright the Person in Charge during the inspection. The inspector also met with the 10 residents, some relatives who were visiting and with the staff members on duty. The inspector also observed practices and reviewed documentation such as care plans, accident logs.

Both residents and relatives had submitted questionnaires prior to the inspection. The feedback obtained from these was overwhelmingly positive. Comments included:

“the centre provides a five star service to its residents” and “the size of the centre with dimensions of a normal house with only 10 residents makes it truly feel like a family home.”

There was a high level of compliance with the Health Act 2007 (Care and welfare for Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The inspector was satisfied that the residents’ healthcare needs were well met and they received a very good quality of care.

The staff were very knowledgeable about each of the residents and were observed providing care and support in a way that was respectful to the resident’s. There was sufficient staff on duty, and they had received appropriate training to ensure they had the skills to meet the needs of the residents. Regular audits of records were carried out to check that the policies and procedures were being followed, and appropriate health and social care was being provided to the residents.

The centre resembled a family home in layout and was clean and well maintained. Residents’ rooms were personalised to reflect their interests. Areas for improvement were identified in developing specific care plans for residents with dementia and replacing outdoor furniture. The action plan at the end of the report identifies where improvements were required in order to comply with the regulations.

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose and function for the centre. It included the information required under regulation 3 and Schedule 1 of the regulations.

The statement of purpose outlined the aims, mission and ethos of the service. It provided a clear and accurate reflection of facilities and services provided.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

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

Findings:

There was a clear management structure in place and appropriate systems were in place to ensure that the service provided was safe appropriate to residents needs and consistently monitored. The person in charge worked reports to a board of

management made up of voluntary committee members from the local community. They meet every six weeks and the person in charge attended and provided regular updates regarding the operation of the centre.

Various clinical audits of areas such as complaints, accidents or falls sustained by residents, medication management were completed by the person in charge and an annual review which included a quality improvement plan had been completed for the previous year. A copy of this was made available to residents.

Appropriate policies were available to guide practice and the person in charge had a training schedule in place to ensure all staff were appropriately trained to meet the residents needs.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge has not changed since the last inspection. She is a registered experienced nurse and holds a full-time post. She knew each residents care needs and was well known by residents. She could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately. She demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Authority's standards, and her statutory responsibilities. She demonstrated strong leadership and good communication with her team and was committed to providing a high quality service to residents

The person in charge had completed training in various clinical areas to maintained her clinical skills including training on been a trainer, Continence, dementia, basic food hygiene, and end of life care. The senior nurse deputises in the absence of the person in charge. There have been no absences of the person in charge for such a length that required notification to the Chief Inspector

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):

Findings:

There were procedures in place for the prevention, detection and response to abuse. The inspector spoke with all of the residents and all said that they felt safe and secure in the centre. Training records reviewed confirmed that all staff members had completed training in protection of vulnerable adults.

The inspector spoke with the staff who were clear that any form of abuse would not be tolerated and they identified that they would report any suspicions to the person in charge.

A policy on protecting residents from abuse was available however it required review to reflect the revised reporting and safeguarding arrangements in the new Health Service Executive (HSE) policy on Protection of Vulnerable adults.

Staff had completed training in dementia care which included the management of behaviours and psychological symptoms of dementia (BPSD). None of the current resident had BPSD however the inspector saw that in the event of a resident developing BPSD the care plan guided the staff to keep a log of any behaviours to help identify possible triggers. There was evidence of appropriate links with the community mental health team.

A restraint free environment was promoted and the inspector saw that there were no restraints used.

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):

No actions were required from the previous inspection.

Findings:

There were appropriate measures in place to ensure the safety of residents, staff and visitors. The centre was clean and well maintained and there were supportive handrails along corridors and in bathrooms and toilets. A risk register was available which included a range of risk and the measures in place to control them. Regular environmental audits were completed by a staff member.

Any accidents that occurred were recorded and investigated. There were two falls recorded so far since January. The inspector saw that these were well described. The residents vital signs were checked and recorded and neurological observations were completed every 15 minutes where a resident sustained an unwitnessed fall or a head injury. The inspector saw that the residents' care plan was updated following the fall to reflect the increased risk and measures were put in place to prevent or reduce the risk of a reoccurrence.

Staff had all up-to-date training in movement and handling and in the use of assistive equipment such as hoists. There were non-slip safe floor surfaces. There were handrails provided on hallways and call bells, to support residents and to mitigate the risk of harm coming to residents in the centre. The centre was clean and well maintained.

Fire evacuation notices were displayed clearly throughout the centre and all exit doors were found to be unobstructed. Records confirmed that the fire alarm system and fire fighting equipment including and emergency lighting were serviced on a regular basis. All staff had completed training fire safety. There was evidence that fire drills were completed every six months. The records reviewed by the inspector included the duration of the drill and a description of what took place.

The centres' risk policy had been updated in 2016 however, on review it did not address all of the areas required by the regulations. For example the arrangements for responding to residents at risk of self harm or the risk of absconsion were not included. The person in charge confirmed that none of the current residents had been assessed as been at risk of either absconsion or self harm.

An emergency plan was available which included procedures in the event of potential risk such as flood, fire or water shortage. There was alternative accommodation available locally if an evacuation from the centre was required.

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:

The inspector found that there were suitable policies and processes in place in relation to the safe management of medications. The person in charge said that where possible residents were facilitated with their choice of pharmacist.

Medication was supplied by two local pharmacies in individual blister packs. The person in charge confirmed that all medication was checked following delivery for accuracy. There was a system for the return of unused medication to the pharmacy. GP's reviewed each resident's medication every three months or more frequently should a change in residents' health occur.

The inspector reviewed a sample of medication charts. Photographic identification was evident on each chart to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were legible. The maximum dose over a 24 hour period was stated for all PRN or as required medication. The process for transcribing medication required review as the inspector saw that one residents medication had been omitted from a kardex recently re written. The inspector observed that the medication was however administered according to the original prescription.

The inspector saw that controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift and recorded in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. In the sample checked by the inspector the balance in stock was the balance recorded.

Judgment:

Substantially 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):

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

Findings:

Eight of the ten residents accommodated at the time of inspection were assessed as having medium dependency needs and two as having low dependency needs. Two residents were diagnosed with a dementia.

Residents' healthcare needs were well met. Three General Practitioners (GPs) provided support to the centre and all except one resident had retained the services of their own GP. There was evidence that each residents was regularly reviewed by their GP. There was an out-of-hours GP service available at weekends. There was appropriate access to support health professionals including physiotherapy, dietetics, speech and language therapy and occupational therapy.

A comprehensive assessment was completed on admission. Appropriate assessments were completed to evaluate each residents' clinical risks. These included their risk of sustaining a fall, the risk of developing a pressure sore, their dependency levels, nutritional needs and continence needs. Care plans were developed for any areas where a care need was identified.

In the sample of care plans reviewed there was a good level of detail provided to guide care and the care plans described clearly the care the resident required. Care plans were updated at the required four monthly intervals or in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative in care plans reviewed of agreeing to their care plan.

A social assessment was also evident in the files reviewed and these included details of the residents life history and the activities the resident enjoyed.

Residents were appropriately assessed for their nutritional needs on admission and were subsequently reviewed regularly. Monthly weight checks were completed to monitor any weight changes and the inspector saw that those with either weight loss or weight gain were referred to a dietician and this advice was incorporated into the residents care plan and implemented in practice. The residents confirmed that they received a good diet and that the food was well presented.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The physical environment resembled a domestic house and provided a suitable, comfortable environment for the residents. It was well maintained and suitably decorated.

Bedroom accommodation comprised four twin bedrooms and two single en-suite bedrooms. Bedrooms were suitable to meet the comfort and care needs of the residents. Each had a call bell in place near the resident’s bed. There were suitable privacy screens in shared rooms and a television was provided in each bedroom.

Communal space comprised of a large sitting room with a fireplace where most residents congregated with a dining room and a kitchen adjacent. A separate visitors' room was available.

All laundry was outsourced to a community run laundry. There were a sufficient number of toilets and bathing facilities to meet the needs of residents as required by the Authority’s Standards. A store room off the nurses’ office used to store cleaning equipment and chemicals had no door and the inspector saw that residents accessed the enclosed garden via this office. The person in charge said that she would arrange to have a lockable door fitted to ensure residents safety.

The perimeter of the grounds was secure and there was a pleasant safe enclosed courtyard at the rear for residents to sit and relax. The inspector observed however that the garden furniture provided was lightweight and possibly unstable and so unsuitable for residents.

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):

No actions were required from the previous inspection.

Findings:

The complaint’s procedure was prominently displayed at the main entrance of the

centre.

The inspector read a sample of complaints records for 2016. There was only one recorded complaint. The nature of the complaint was documented and the response to the complainant. The complainant's satisfaction was documented. An appeal's process was available where necessary where required.

The complaint's policy listed the details of the nominated complaints officer, the appeals process. In addition, the person nominated to ensure complaints were responded to and records maintained.

The inspector met spoke to residents and family members who were happy with the complaint's process.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A social assessment was evident in all files reviewed and these included details of the residents life history and the social activities the resident enjoyed. Residents said they had opportunities to take part in activities and had interesting things to do during the day.

Some residents told the inspector they went home to their families regularly and attended social events in the local community. Social outings were also arranged for some of the residents. There was a schedule of organised activities such as music, art, pet therapy, cards and bingo.

There was an open visitor's policy and residents could meet visitors in private if they chose in a designated visitor's room. Because all of the residents came from the local community when one resident had a visitor all of the residents chatted with them. Visitors said they were made feel welcome and could stay as long as they liked.

The small size of the centre meant that cooking smells could be detected in the day room as mealtimes approached and the staff were heard discussing with residents their appetites and their meal choices. Residents told the inspector they had an input into

the choice of daily meal.

Mass was relayed by video from the local church and the residents said they enjoyed watching celebrations of local weddings and funerals. The local priest also called to the centre after mass and gave communion to the residents.

Residents' civil and political rights were respected. There were arrangements with the local county council for residents to vote in-house at each election, or to use a local polling station if they wished. The Inspector observed that privacy and dignity was promoted when residents were being cared for and that the staff provided assistance to residents in a quiet and supportive manner.

Residents had access to a hands free telephone if they needed to take or make a phone call in private. Local and national newspapers were available for residents.

A residents' committee was established and the inspector also observed that staff actively consulted the residents regarding day to day activities. Following each meeting, the person in charge was given the minutes of the meeting and would address any issues identified. From a sample of minutes read, it was evident that action had been taken to bring about improvements. An independent advocacy service was available to residents. Their contact details were prominently displayed in the centre.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that there was a household model of care with staff performing multitask duties to ensure the residents' needs were met. There were three staff members on duty on the day of the inspection looking after the 10 residents.-the person in charge, who worked 5 days each week, a nurse and a care assistant.

The inspector reviewed the rotas for the current, previous and following week and saw that the normal staffing complement was: the person in charge, a staff nurse and a care

assistant. At night-time there was one nurse on duty and both the person in charge and her deputy were on call. The person in charge said that on one day each week there was an additional nurse on duty to allow her to complete management duties.

All of the staff had been working in the centre for some time and they demonstrated that they were very familiar with the residents needs. They told the inspector they enjoyed working in the centre and they worked well together for the benefit of residents. The inspector reviewed a sample of personnel files for staff and found them to contain the documentation and information required by Schedule 2 of the regulations. The person in charge confirmed that all staff working the centre were vetted by An Garda Síochána.

All nurses had up-to-date personal identification numbers that confirmed registration with An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) for 2016. Staff had up-to-date mandatory training on the topics of elder abuse, fire safety and moving and handling. There was regular access to a range of training to ensure that staff had appropriate skills to meet residents' needs.

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

Action Plan



Provider's response to inspection report¹

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|----------------------------|------------------------------|
| Centre name: | St Eithne's Rest Care Centre |
| Centre ID: | OSV-0000699 |
| Date of inspection: | 06/04/2017 |
| Date of response: | 10/05/2017 |

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 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 centres' risk policy did not include guidance on all of the areas required by the regulations. For example, the arrangements for responding to residents at risk of self harm or the risk of absconson were not included.

1. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy

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

set out in Schedule 5 includes all requirements of Regulation 26(1)

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

Arrangements for responding to residents at risk of self harm or at risk of absconson have been included in the risk policy. This was completed on 13/04/17.

Proposed Timescale: 11/05/2017

Outcome 09: Medication Management

Theme:

Safe care and support

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

The process for transcribing medication required review as one medication had been omitted of a kardex recently re written.

2. Action Required:

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

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

An audit on all medications was carried out on 09/04/17. No other transcribing errors found. Following discussion with nursing staff it was agreed that a second nurse will check medication kardex following rewriting of medication kardex.

Proposed Timescale: 11/05/2017

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:

The garden furniture provided was lightweight and possibly unstable.

3. 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:

More suitable garden furniture is being sourced at present. Following board meeting on

22/05/2017 decision will be made on the furniture to be provided and will be in place week beginning 05/06/2017.

Proposed Timescale: Three weeks.

Proposed Timescale: 05/06/2017