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. Mary's Centre Nursing Home
Centre ID:	OSV-0000104
Centre address:	St. Mary's Centre Telford Ltd, 185/201 Merrion Road, Dublin 4.
Telephone number:	01 269 3411
Email address:	breda.ryan@stmarysblind.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St Mary's Centre (Telford)
Provider Nominee:	Muireann Cullen
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	52
Number of vacancies on the date of inspection:	4

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:	To:
07 March 2017 09:00	07 March 2017 20:30

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

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

Summary of findings from this inspection

This was an announced inspection further to the receipt of an application to renew the registration of the centre. The inspection took place over two days. Prior to the inspection the provider was requested to submit relevant documentation to the Authority. The fitness of the provider entity, person in charge and key senior manager was assessed through an ongoing fit person process. They demonstrated knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland, throughout the inspection process.

Actions arising from the findings of previous inspections, a dementia thematic inspection in August and a follow up inspection in October 2016 were reviewed. A review of progress on the actions arising from these inspections, also formed part of

this registration process. There were 8 actions in the action plan from the last inspection in October 2016. 7 actions were satisfactorily completed. Progress on the remaining action was found.
As part of the inspection process, the inspector reviewed the documentation submitted, ascertained the views of residents, relatives, and staff members, observed practices and reviewed records as required by the legislation.

There was a clearly defined management structure that identifies the lines of authority and accountability. The management team facilitated the inspection process and had all the necessary documentation available for inspection. There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

Feedback from residents and relatives was mainly positive. Residents said it was a lovely place to live and staff were wonderful. Many relatives also praised the caring attitude of staff and commented on the welcoming inclusive, atmosphere, although some said they were not always kept informed of issues affecting their loved ones health.
Residents had good access to nursing, medical and allied health care. Residents' assessed needs and arrangements to meet these assessed needs were set out in individual care plans. Evidence was available that residents healthcare needs were met.

There were measures in place to protect residents from being harmed or suffering abuse and information received confirmed that residents felt safe in the centre. Some improvements were required to assessment and care planning and to address deficiencies in some aspects of the premises.
The action plan of this report highlights the matters to be addressed in order to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland 2016.

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:
A written statement of purpose was available that broadly described the service provided in the centre and contained all of the information required by Schedule 1 of the Regulations.

Copies of the document were available in the centre.

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:
Actions were required following the last inspection to improve the audit process. Improvements to staff supervision, delegation and communication, and also management of unforeseen staff absences were identified. These were fully addressed

on this inspection.
Examples of improved auditing were found in relation to falls, care planning and assessment. A revised governance structure was introduced by the recently appointed Chief Executive Officer which included changes to systems for reviewing quality and risk within the centre. Regular meetings of the quality and risk committees were held. The inspector viewed minutes of discussions and actions taken to improve quality of care and manage identified risks.
Quality improvements were also identified and these included: environmental upgrades to address storage issues, ongoing maintenance and inclusion of residents' choice in upgrading bedrooms.
Staff performance and development included education and training linked to performance appraisals.
Improvements to supervision and direction to staff was noted with clinical nurse managers giving more direction to staff. Staff allocation systems had improved, this is further referenced under outcome 18.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
Each resident had an agreed written contract which deals with the resident's care and welfare. The contract included all details of the services to be provided for that resident and the fees to be charged.
This included a list of facilities and services provided including laundry, meals, and housekeeping. Services offered in the centre which incurred additional fees were listed.
A guide to the centre was available to all residents. This described the centre services, management, complaints procedure, and contact information for useful external bodies.
Communal areas such as the lobby also had information on display regarding the complaints procedure, evacuation instructions, detail's of staff on duty and contact details for advocacy services.

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 centre was managed by a suitably qualified and experienced nurse who held authority, accountability and responsibility for the provision of the service .Through an assessment process it was noted that there was daily engagement in the governance, operational management and administration of the centre. The person in charge facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
Findings of the last inspection in October 2016 identified the need for some policies and procedures to be updated to meet the regulations and give clear guidance to staff. This was fully addressed. Policies on recruitment and complaints were revised and were fully implemented on this inspection.

The directory of residents was checked and was found to meet the requirements of the Regulations. It was up to date, with records of admissions, discharges and transfers maintained.

Records set out in Part 6 of the Regulations were available and kept in a secure place. The Statement of Purpose and Residents' Guide were complete and available. A copy of the insurance cover in place was provided which meets the requirements of the Regulations.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
Suitable arrangements were in place for periods of absence of the person in charge. The fitness of the clinical nurse managers to replace the person in charge in the event of an absence was determined through observation and discussion during the inspection and both had the qualifications and experience required by the legislation.

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

Findings:
Actions required arising from the last inspection were implemented. These related to ensuring that garda vetting was completed for all staff prior to commencement of

employment. This is further referenced under outcome 5 documentation.
It was also noted that the efforts to promote a restraint free environment were continuing and the use of bed rails within the centre had reduced.
On the dementia thematic inspection in August 2016, it was found that measures were in place to protect residents from being harmed or suffering abuse, in that, staff were trained, aware of their role and responsibilities and were knowledgeable in the procedures and policies on prevention of elder abuse. The inspector met with several residents who said they felt safe in the centre and relatives did not have any concerns for their loved ones.

Judgment:
Compliant

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

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

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:

The findings of the last inspection required actions to improve care planning and assessment processes to make them more specific and ensure they meet residents' needs. Evidence of efforts to improve care planning and assessment were found, although further improvements continue to be required. However, the inspector was told that the documentation and recording process was in transition from a paper based system to an electronic system. As such the inspector acknowledged that gaps found in some care plans were as a result of this change over.
A sample of clinical documentation and medical records were viewed. The systems in place to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health were implemented by the nursing team. Most care plans viewed were detailed enough to guide staff, on the appropriate use of interventions to manage the identified need, and the reviews considered the effectiveness of the interventions to manage and/or treat the need. However, further improvements were required to some care plans viewed including end of life care plans. This is referenced under outcome 14. The inspector noted improvements to the standard of nursing documentation, although more co-ordination between the care plans, risk assessments and nursing progress notes to give a clearer picture of residents overall condition was found. Efforts to plan and deliver care in a person centred manner were noted.
There was evidence that the well being and welfare of residents was being maintained through the provision of a good standard of nursing medical and social care.

Evidence of timely referral and review by a range of medical and allied health professionals was found with documented visits, assessments and recommendations by dietician, and speech and language therapists, physiotherapy and occupational therapist reviews.
Residents were also reviewed by opticians, dentists and chiropody services on a regular and as required basis.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
Actions required further to previous inspections including the last registration inspection with regard to improving the premises to meet the requirements of the regulations and the standards were not addressed. The provider entity was aware of the aspects of the environment that required to be addressed from the previous registration inspection. However, plans previously submitted to HIQA to address these areas were not yet implemented.

Ongoing efforts to maintain the premises to a good standard and provide a warm, comfortable living environment were noted.
The centre contains two units Loyola and St Oliver's. The environment of the Loyola unit was found to meet the needs of residents in terms of space, privacy and dignity. All bedrooms were single, 12 included full ensuite facilities and the remainder had shared ensuite facilities.

The environment of St Oliver's unit consisted of 2 single bedrooms with full ensuite. Five twin bedrooms, one with full ensuite and the remainder with shared full ensuites. There were also two three bedded and two four bedded rooms. Although space available to residents in the three bedded rooms was adequate a review of the layout of these rooms could improve use of the space.
The four bedded multi-occupancy rooms did not fully meet residents needs in terms of space for privacy and dignity.
The available personal space negatively impacts on the ability of residents to receive visitors and hold private conversations with them as closeness of neighbouring beds would mean conversations could be overheard. The available space also impedes the ability of staff to carry out personal care with residents in private. The close proximity of beds means that noise, sounds and odours may not be minimised. The inspector viewed twin bedrooms and found some were also limited in terms of insufficient circulation space. Space was limited between beds, in some of these twin rooms, to adequately access and provide care to residents if assistive equipment was required. For example, in order to use a hoist to assist residents, beds, bed tables and any other furniture may need to be pushed to the side encroaching on the personal space of the resident in the next bed.

The centre was found to be well maintained, warm, comfortably and tastefully furnished and visually clean. Suitable and sufficient communal space such as a large sitting room and dining room were available on each unit. All walkways were clear and uncluttered to ensure resident safety when mobilising. Other facilities that residents could enjoy included large activity rooms, chapel, coffee dock and pleasant internal walkways. There were a number of secure and enclosed gardens, directly accessible from the centre. The centre was located on extensive grounds which were pleasantly laid out, with paved grounds and seating areas. Appropriate assistive equipment was available and reports were viewed that confirmed they were recently serviced and were in good working order.
Some improvements to make the centre more easily accessible to residents with dementia were required. Signage with pictures was not in place on some toilet, bedrooms or bathroom doors and a colour contrast scheme for toilets and bathrooms, to differentiate these from bedrooms was not in place. Contrasting colours make it easier for people with dementia to recognise and remember room locations.

The authorised person for the provider, and the person in charge, were aware of the requirements of the legislation and the national standards for older people 2021, in terms of meeting the assessed needs of residents, while ensuring privacy and dignity. The inspector informed the provider and person in charge that a time-framed, costed plan would be required to address the deficiencies going forward.

Judgment:
Non Compliant - Moderate

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

Findings:
The findings of the last inspection in October 2016 required actions to ensure that the response to complaints was timely. Reviews of satisfaction further to resolving the complaints also required to be documented. The inspector viewed the complaints record and found that complaints made, since the last inspection, were investigated in a timely manner and the level of satisfaction of the complainant was also recorded.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
Evidence that medical and clinical care was provided to residents receiving end-of-life or comfort care in a holistic and person centred manner was found. The inspector found that palliative care support and advice was available when required.

The inspector looked at the systems in place to manage end-of-life or comfort care. On review of care plans in place it was found that the will and preference of the resident in relation to spiritual support, ceremony and funeral arrangements were sought.
Training was provided to some clinical nurse managers on Decision Making Capacity Act 2015 and an assessment process to elicit resident's preferences for advanced care and end-of-life was being reviewed. This process called, 'Let me Decide', had not been commenced at the time of the inspection.
End-of-life care plans were in place for residents, although these required improvement. The process to determine a resident's will and preference for end of life interventions was not yet fully implemented and details of discussions for the level of of care of interventions were not documented. The process to determine a residents capacity to make decisions on important issues such as this was under review, but it was also noted that where a clinical decision was taken on the resident's behalf , the rationale on which a decision was based was not documented.
It was also found that resident's emotional, social and spiritual needs were fully met with chaplaincy; counselling or bereavement services available.

Judgment:
Substantially Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
Residents were provided with food and drink at times and in quantities adequate for their needs. A four week rolling menu was in place to offer a variety of meals to residents. An updated diet sheet was provided to the catering team. This identified specialised diets and whether food was to be fortified to increase calories for residents with low intake.
Assistance was observed and was offered to residents in a discreet, patient and sensitive manner by all staff.
Most residents took their meals in the dining room and tables were appropriately set with cutlery condiments and napkins. Residents spoken with all agreed that the food provided was always tasty hot and appetising. A kitchenette was located beside each dining room. Food was served directly from there by a team of staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. Residents on modified consistency diets also received the same choice of menu options as others. Drinks such as water,

milk, tea and coffee and fresh drinking water at all times were available. Evidence of referral to relevant allied health professional including dietician or speech and language therapists was found and there was a system in place to monitor the intake of residents identified as at risk of malnutrition.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents.
A policy on residents' personal property was in place and implemented using an inventory on clothes and valuables belonging to residents upon admission.

Residents had access to a locked space in their bedroom if they wished to store their belongings.

There was a policy in place of residents' property in line with the Regulations and a list of residents' valuable property and furniture was maintained where required.

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

Findings:
Actions, related to effective supervision, communication and replacement of staff, that were required from the last inspection, had been addressed.
A successful recruitment process has provided increased numbers of staff for the internal relief panel and unforseen absences were being replaced. Systems in place to allocate, direct supervise and communicate with staff were improved. The daily staff planner was implemented on the day of inspection in both units and staff spoken to were aware of their allocation. There was better communication between staff to ensure that one-to-one supervision was provided to residents who required same.
The inspector noted improved outcomes for some residents as a result of this. These included: a reduction in recurrent falls, safeguarding and management of the negative impact some responsive behaviours were having on other residents.

Suitable and sufficient direct care staffing and skill- mix were found to be in place to meet the needs of the current resident profile.
The staff rota was checked and found to be maintained with all staff that worked in the centre identified. A formal on-call arrangement involving the person-in-charge and clinical nurse managers was in place every weekend to provide support to staff on-duty.

Records reviewed showed that staff had been provided with opportunities to receive updated training in areas such as: safeguarding, moving and handling, fire safety, first aid, and dementia care. Samples of attendance records were available.
Appropriate and respectful interactions were observed throughout the day between residents and staff. Overall it was noted that resident's dignity and choice was respected during care interventions and in their daily lives.

A formal staff appraisal system was established that discussed the continual performance and training of staff with each staff member.

Evidence that all nurses were registered with the Nursing and Midwifery Board of Ireland was available and a sample was viewed.

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:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority
Regulation Directorate

Action Plan

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

Provider's response to inspection report[1]

Centre name:	St. Mary's Centre Nursing Home
Centre ID:	OSV-0000104
Date of inspection:	07/03/2017
Date of response:	13/04/2017

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 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The process to determine a residents' will and preference for end of life interventions was not yet fully implemented and details of discussions for the level of care interventions were not documented.

1. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding

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

4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise 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:
Initial training and refresher training will be provided to staff on the use of the 'Let Me Decide tool' by 31st May 2017. After which the Let Me Decide toolkit will be introduced on a phased basis with a view to having completed same with all residents and/or family (as appropriate) by end of October 2017.

End of Life/Care Planning: On completion of the Let Me Decide training the residents' preferences for advanced care and end of life interventions will be incorporated into the care plans. The Let Me Decide toolkit will document discussions with residents on their preferences for their end of life interventions.

A meeting took place on the 06/04/2017 with the nursing home GP. Resident and/or family participation and consultation in the care planning process was discussed and considered. It was agreed that in the event where residents' family do not wish to engage in the care planning process the GP will read and sign the End of Life and Care Plans. This is effective from 07/04/2017.

In advance of introducing the Let Me Decide toolkit, a meeting with HCI is scheduled for 12.04.2017 to review the V Care computerised care plans. As part of this review, the digital process for documenting End of Life wishes will be examined to establish how this can be improved to include a section to record the rationale for clinical decisions made on behalf of the residents.

Policies & Procedures: As part of the Centre's Project Plan for reviewing and updating policies and procedures, HS – 033 Management of Palliative and End of Life Care Policy was process mapped on 11.04.2017 to update this in line with the 2016 regulations. This updated draft policy will be submitted for approval by senior clinical management and will be disseminated to staff via the Q Pulse data base.

Proposed Timescale: 31/10/2017

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 premises did not fully meet the requirements of the regulations as set out in Schedule 6 or the national standards for older people 2016. A time-framed, costed plan is required to address the issues of space, privacy and dignity in the four bedded rooms and some twin bedrooms. Improvements to make the centre more accessible for residents with dementia were also required.

2. 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:
Immediate Action - The Management Team visited the Unit on 06/04/2017 with the specific purpose of reviewing the layout of the bedrooms. In the three bedded rooms it was determined that a designated seating area could be created to facilitate residents and their visitors. Seating suitable for use by the residents and their visitors will be sourced. A homely ambiance will be created in the seating areas with a TV/ radio provided.

Medium Term Action - In addition, the two and four bedded rooms were reviewed. A number of options are currently being explored with regards to improving the bedroom space available to residents. These are being examined from feasibility and economic perspectives with regards to the long-term viability of the unit. The Management Team have identified a sequence of actions which will be undertaken to establish a costed plan with a proposed time frame to address the issues of space, privacy and dignity.

1. Re-engage with Architect to convene a consultative meeting to include front line staff and residents. This meeting will be to review current plans for a 12 bedded extension previously submitted to HIQA and new plans for a 32 bedded extension. This is to ensure the layout meets the current and future needs of the service and that the proposed plans comply with current regulations.

2. Obtain updated plans taking into consideration any outcomes from the consultative meetings.

3. Obtain updated costings for the 12 and 32 bedded proposed plans.

4. Re-engage with BDO to carry out an up to date economic feasibility study to determine future direction.

On completion of the above sequence of actions the Centre will be in a position to make an informed decision on the viability and most economically sustainable route to take. Costed plans will then be submitted to HIQA.

An exploratory meeting took place with BDO in March. The architect was contacted on this matter on Monday 10th of April to discuss current proposed drawings and a meeting is envisaged to take place by the end of April.
It would be expected that this work as a whole will be completed by end of November 2017.

Dementia Friendly Environment: The Clinical Services Manager has consulted with Sonas aPc in relation to pictorial cueing signs to identify the best currently available on the market. When identified, these signs will be sourced and displayed on the Units. Pictorial cueing of menus to assist residents with dementia in relation to choice of their meals commenced on 20/03/2017.

Painting of the Units was underway at the time of the inspection. All bathrooms/ toilets will be painted in the same contrasting colour to differentiate these from other rooms on the Unit to enable residents with dementia to easily identify these as bathrooms.
Proposed Timescale: 30/11/2017