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 Ursula's Nursing Home
Centre ID:	OSV-0000171
Centre address:	Golf Links Road, Bettystown, Meath.
Telephone number:	041 982 7422
Email address:	seamus.sarsfield@saintursulas.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Ballyhavil Limited
Provider Nominee:	Seamus Sarsfield
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	24
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
11 January 2017 10:45	11 January 2017 17:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was an unannounced monitoring inspection completed over one day to monitor the centre's compliance with the regulations. The inspector also followed up on progress with completion of the action plan following the last inspection of the centre by the the Health Information and Quality Authority (HIQA) in August 2016. There were 20 actions identified in the action plan, all of which were satisfactorily addressed with the exception of four actions which were progressed but not completed. These actions are restated in the action plan for this inspection.

The inspector spoke with residents, a resident's relative and staff members and reviewed documentation including resident assessments and care plans, policies, risk management processes, audits and staff training records.

Residents were consulted about the operation of the centre. The collective feedback from residents and a resident's relative spoken with was complementary in regarding the staff team, care and the service provided.

Residents were protected from abuse and all staff were appropriately vetted. All staff

interactions with residents as observed over the day of inspection were respectful, kind and supportive. The management team and staff demonstrated their commitment to ensuring residents had a good quality of life in the centre.

Residents' healthcare needs were met to a good standard. Although significant improvements were made since the last inspection in August 2016, further improvements were required in assessment and provision of sufficient activities to meet the interests and capabilities of residents. Care plan documentation to direct and inform care activities also required review. Improvements were necessary to ensure residents had adequate communal facilities for dining, seating and relaxation. The provider had already identified this finding and had progressed refurbishment plans to address the areas identified.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People

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 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):
No actions were required from the previous inspection.

Findings:
The inspector found that the management structure was clearly defined in the centre. Lines of authority and accountability and reporting arrangements were evident from the inspector's observations and from speaking with staff on the day of inspection. The management structure was strengthened in September 2016 with the appointment of an operational manager. A new suitably qualified, skilled and experienced person in charge was also appointed at this time.

There were systems and structures in place to ensure the centre was effectively governed and managed. There was evidence of meetings convened by the management team with each staff grade to ensure comprehensive team communication. A governance meeting was convened monthly and attended by the provider, person in charge and operations manager. The quality and safety of the service was reviewed at these meetings. There was also regular staff meetings convened by the person in charge with individual staff grades and a general meeting convened every four months. There were adequate resources provided to ensure effective delivery of care and service as detailed in the centre's statement of purpose and function.

There were systems in place to monitor the quality and safety of care. A schedule was in place to inform frequency of auditing and quality and safety review in various key areas. The inspector saw that the quality and safety of a number of key areas were monitored and audits completed in these areas were comprehensively analysed and areas identified for improvement were reflected in improvement action plans. Completion of these action plans was monitored at the monthly governance meetings.

An annual report detailing review of the quality and safety of care and quality of life for residents was completed for 2015 and the report for 2016 was underway. A copy of the 2015 report was forwarded to the Health Information and Quality Authority (HIQA) in

April 2016 and was also available for review on this inspection. This report was also made available to and discussed with residents.

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:
There were appropriate measures in place to safeguard and protect residents from being harmed or suffering abuse. A policy was in place informing management of any suspicions, allegations or incidents of abuse to residents. Staff spoken with were knowledgeable regarding the different types of abuse and their responsibility to report. Training records confirmed that all staff had attended training in protection of residents from abuse. The inspector observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff and residents knew each other well.

The inspector was told that there were 3 residents with behaviours and psychological symptoms of dementia (BPSD).
Assessments had been completed and were used to inform behavioural support care plans. These care plans were reviewed on an ongoing basis by staff. The inspector found in the sample reviewed that they were person-centred in each case. The information therein identified each resident's individual triggers to their BPSD and the most effective techniques to be used to de-escalate and incidents. Techniques to de-escalate incidents of BPSD were revised since the last inspection in August 2016 to ensure they were individualised and appropriate. No resident was receiving PRN (a medicine only taken as the need arises) psychotropic medicines at the time of this inspection. There were no incidents of BPSD observed on this inspection indicating that residents were well supported. Staff spoken with discussed appropriate interventions they used to prevent and support individual resident's responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). As observed on the last inspection, the inspector observed that staff approached residents with BPSD in a sensitive and compassionate way and the residents responded positively to the techniques they used. Residents with BPSD were referred appropriately to the psychiatry of older age services.

There was evidence that staff in the centre were committed to a restraint free environment. Bedrails were used for nine residents Each residents assessed as requiring a bedrail had a functional assessment completed by the physiotherapist. Bedrails were only implemented when alternative equipment trialled failed to meet residents' needs. Equipment trialled as a less restrictive alternative to bedrails included partial-length bedrails, low-level beds and sensor equipment. Risk assessments were completed to ensure each resident's safety while using a bedrail. Two residents used lap belts, which was attached as part of their assistive chair and was used for safety purposes. Since the last inspection residents accommodated on the first floor were facilitated to access their accommodation from the ground floor as they wished with fitting of a coded lock by the provider on the access door. These residents were aware of the code to open the access door to this area.

Management of residents' finances was found to be compliant with the regulations on the last inspection and was not reviewed again during this inspection.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
This outcome was not fully assessed on this inspection. However, completion of an action from the last inspection referencing findings where smoke from the room where residents smoked was entering the communal sitting room was reviewed on this inspection. The inspector found no evidence of smoke entering this area on this inspection. A number of residents engaged in smoking at times throughout the day of inspection. Since the last inspection in August 2016, the provider had put measures in place to ensure the smoking room was well ventilated to the outside air. Supervision of the area by staff was also increased. Notices advising closure of the communicating door was clearly displayed. A self closure unit was fitted to the door to ensure closure on all occasions. The number of residents smoking in the smoking room at any time was also limited to one resident.

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

Findings:
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice. Review of medication management procedures in the centre were undertaken since the last inspection in August 2016. The medication management policy was also reviewed to include revised procedures for timely return of out-of-date medicines to the pharmacy. A new system for dating all medicines on opening was also implemented. The inspector observed that the revised procedures in place ensured residents medicines were comprehensively managed and that they were protected by safe medication management practices and procedures. Medications were administered to residents in line with professional guidelines.

A weekly checking schedule was effectively implemented and was demonstrated by the presence of no out-of-date or unused medicines present in the medicine storage trolley. Controlled medicines under misuse of drugs legislation and refrigerated medicines were managed appropriately. Prescription of medicines administered in 'crushed' format and PRN medicines (a medicine only taken as the need arises) were administered as prescribed. The maximum dosage of PRN medicine permissible over a 24-hour period was indicated. Policy documentation available informed management of any medicines errors. There were no medicines errors recorded in the centre. Residents had access to a pharmacist and the pharmacist was facilitated to meet their obligations. The pharmacist regularly attended the centre and was available to residents to discuss the medications prescribed for them. A notice of the pharmacist's attendance was clearly displayed for residents' information.

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):

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

Findings:
Residents healthcare needs were met to a good standard. There were 24 residents in the centre on the day of this inspection; 10 residents had assessed maximum dependency needs, three had high dependency needs, 10 residents had medium dependency needs and 1 resident had assessed low dependency needs. 5 residents had a formal diagnosis of dementia and 1 resident had symptoms of dementia.

All residents had a comprehensive assessment completed on admission and their care plans were developed based on assessments of their needs The care plans were updated thereafter to inform changes to their health and wellbeing. Staff were observed by the inspector to deliver person-centred care to residents. However, documentation of some residents' care plans did not clealy identify the specific need which the care plan aimed to address. Some care plan interventions did not reflect the individualised and personal approach provided to residents by staff.

Residents had a choice of general practitioner (GP). Documentation and residents spoken with confirmed timely access to GP care. Many residents from the locality were facilitated to retain the services of the GP they attended prior to their admission to the centre. Residents also had good access to allied healthcare professionals including physiotherapy as part of the service provided to them in the centre by a physiotherapist employed by the provider. Dietetic, speech and language therapy, dental, ophthalmology and podiatry services were available to residents. Since the last inspection, an occupational therapist completed seating assessments for all residents and residents with specialist needs had their needs met or were awaiting appropriate specialist equipment. Arrangements were in place to ensure residents had access to this service as necessary. There was evidence that residents' positive health and wellbeing were promoted with regular physiotherapy optimizing their safe mobility and an annual influenza vaccination programme. Residents in the centre had access to mental health of later life services and palliative care services.

Care plans referenced specified clinical parameters to be achieved for individual residents, however residents' care records were not maintained on a consistent basis to support a conclusion that they were met in each case. There was a record of residents' past interests and evidence that they were supported to continue to enjoy these interests in the centre where possible. However, a comprehensive care plan was not in place to inform the activation needs of some residents who were no longer able to participate in larger group activities and had 1:1 or small group activation needs. This finding is also discussed and actioned in outcome 18.

The person in charge had completed a post graduate qualification in tissue viability. There were no incidents of pressure-related skin ulcers occurring in the centre. There was one resident receiving wound care on the day of inspection. Comprehensive wound monitoring procedures and treatment plans were in place. Residents at risk of developing pressure related skin ulcers had risk assessments completed with associated to inform their care. Care plans in place for residents identified as being at increased risk to prevent occurrence. Pressure relieving mattresses, cushions and repositioning

schedules were in use to mitigate the risk of pressure ulcers developing. There were no residents with pressure ulcers at the time of this inspection.

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

Findings:
The design and layout of the premises required improvement to ensure residents' needs were met in terms of adequate communal facilities to meet their needs. Arrangements in place to accommodate residents during mealtimes and their access to a area less noisy area for their relaxation or 1:1 and small group activities required review. The provider advised the inspector during this inspection that he had recognised that the design and layout of the centre required improvement and was progressing a refurbishment plan to enhance the quality of life for residents in the centre with additional internal and external communal space.

The centre currently has bedroom accommodation for 24 residents over two floors. All bedrooms are single occupancy. Seven bedrooms were located on the first floor and the remainder were located on the ground floor. Bedrooms provided adequate space to meet the needs of residents including residents with assistive equipment. Each bedroom also had a television and adequate storage facilities. Bedroom doors were covered with a transfer image that resembled a domestic front door. Each door was different and was fitted in consultation with residents. Signage and red coloured indicators in the floor covering supported residents to locate toilets and communal rooms. Residents unable to use the stairs had access to the first floor via a stair-lift. Residents who could mobilise independently, as confirmed by an assessment by the centre's physiotherapist were accommodated on the first floor.

The centre fabric was brightly painted and well-maintained. A large assisted bathroom was located on the first floor and two assisted shower rooms and a toilet were available for residents on the ground floor. Grab rails were appropriately provided in bath, toilet and shower areas. Some toilet seats were of a contrasting colour to support access by residents with dementia. As identified on the last inspection, the placement of some

sinks, hand dryers and hand towel dispensers required review to improve ease of access for all residents, particularly those using wheelchairs.

Handrails were fitted on both sides of the corridors and were in a contrasting colour to walls to support independent movement of residents. Call bells were in place in bedrooms, toilets and bathrooms. Assistive equipment was available to residents that required support, which were found to be stored in designated areas when not in use. A schedule to replace damaged fabric on some residents' chairs was underway.

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 centre had a policy and procedure in place for the management of complaints, including details of the appeals process. Revision of the complaints policy to clearly indicate the person in charge as the complaints officer for the centre direction regarding complaint record keeping was completed. The operations manager was assigned responsibility for ensuring that management of complaints reflected the revised policy.

There were no complaints received since the last inspection in August 2016. Arrangements were in place to record both verbal and written expressions with the service. A complaints log was available in the centre, which was made available to the inspector on the days of this inspection. There was evidence of that complaints were recorded, including the details of the complaints and the action taken. The revised system in place for managing complaints also included a record of the outcome of complaint investigations and whether complainants were satisfied with the outcome in each case.

A review of concerns and complaints was carried out every quarter as part of the governance and management report for the centre and was a standing item for discussion on governance meeting agendas.

Judgment:
Compliant

Outcome 15: Food and Nutrition

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

Theme:
Person-centred care and support

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

Findings:
There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were closely monitored and checked routinely on a monthly basis or more frequently when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations made by the dietician and speech and language therapist where appropriate.

Residents had a choice of hot meal for their lunch. There were arrangements in place for communication between nursing and catering staff to support residents with special dietary requirements. The inspector observed that residents with specialist dietary and fluid consistency requirements received the correct diets and thickened fluids. Residents dined in the dining room and at a communal table in the sitting room as the dining room did not provide adequate space for all residents to dine together at mealtimes. Residents with assistive wheelchairs and in need of supervision and assistance with eating dined together in the sitting room. Staff sat with residents and provided them with encouragement or discrete assistance with their meal. The lunchtime meal in both areas on this inspection was a social occasion. The inspector observed that residents received their food at lunchtime at the time specified on the notice board. The menu was clearly displayed. Alternative meals and drinks were available to residents who wanted an alternative to the menu on the day. Some residents spoken with complimented the food they received and told the inspector that the food was "always good".

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
There was evidence that residents were consulted with and supported to participate in the organisation of the centre. Residents' privacy and dignity was generally respected. However improvement was required to provide residents with an alternative quiet area to the sitting room where they could rest and relax. The sitting room was noisy as it was used as the venue for all group activities and to accommodate residents with increased supervision and assistive needs during mealtimes. An alternative conservatory area which comfortably accommodated 2-3 people was provided but was not available to most residents on the day of inspection. As the dining room did not provide adequate space for all residents to dine together in one sitting at mealtimes, 8 residents dined at a communal table placed in the sitting room. This arrangement did not ensure residents who were unwell and/or wished to relax and rest in the sitting room could do so comfortably. The inspector observed that residents were returning to the sitting room from the dining room while other residents were still eating their lunch in the sitting room. This finding is also discussed and actioned in outcome 12.

All residents had access to independent advocacy services. Residents' meeting were taking place and were minuted. The person in charge also regularly met with residents on an individual basis to get feedback on their experience with living in the centre and their satisfaction with the service provided. There was evidence from minutes of residents' meetings of improvements made based on suggestions by and in consultation with residents such as menu changes and Christmas celebrations.

Residents were facilitated to exercise their civil, political and religious rights. Staff sought the permission of residents in the centre before undertaking any care tasks and consulted with them about how they wished to spend their day and care issues. Residents spoken with by the inspector expressed their satisfaction with the service and care they received in the centre. Residents' wishes and preferences also informed their daily routine regarding the times they retired to bed and got up in the morning. There were no restrictions on visitors and some residents could meet visitors in private in a small conservatory in the centre. The inspector observed residents' visitors visiting them throughout the day of inspection. Some joined the residents with a cup of tea offered to them by staff.

Although improvement were made, further work was required to ensure the activation needs of residents with needs requiring 1:1 or small group sensory based activities were met. Addressing the social care needs of residents was integral to the role of health care assistants. Since the last inspection, the provider has employed an activity co-ordinator for four days each week. Care staff facilitated organised activities on 1 day each week. There were no organised activities available to residents at weekends and this time was assigned to visits by residents' families. However, many residents' families did not regularly visit them at weekends. Although some residents with 1:1 or small group activation needs were provided with activities such as hand massage, newspaper

reading and reminiscence, this was on an infrequent basis and was not informed by an individualised programme. The inspector observed a group activity taking place. While many residents were engaged and enjoyed this group activity provided on the day of inspection, there were also a number of residents who were unable to participate and were not engaged. There was also insufficient records maintained regarding the levels with which these residents engaged in the other activities provided to ensure their interests and capabilities were met. Further improvement was necessary to ensure residents' interests and capabilities were comprehensively assessed to inform a meaningful activation programme for them. Although a robust sensory focused activity programme was not available for less able residents, the activity co-ordinator was scheduled to commence training on a sensory based programme in February 2017 to inform her practice. These findings were discussed with the provider and person in charge during the feedback meeting at the end of this inspection.

The inspector observed that staff worked to ensure that each resident received care in a dignified way that respected their privacy. Since the last inspection in August 2016, closed circuit television (CCTV) cameras in operation in communal sitting areas and the dining room were deactivated to ensure residents' privacy in these areas. All residents were accommodated in single bedrooms. Staff were observed knocking on bedroom and toilet or bathroom doors before entering. Privacy locks were in place on all bathroom and toilet doors. Bedrooms, toilets and bathroom doors were closed during all personal care activities.
The centre's communication policy had been revised since the last inspection to reference communication needs of residents with dementia and strategies to effectively meet their communication needs.

Judgment:
Non Compliant - Moderate

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

Theme:
Workforce

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

Findings:
There was an actual and planned staff rota in place, which reflected the staff numbers

on duty on the day of this inspection. There was evidence that staff numbers and skill levels were reviewed since the last inspection in August 2016 to ensure they adequately reflected the assessed needs of residents including residents with dementia. This review of staffing resulted in the appointment of an activity co-ordinator for 24 hours over four days each week. Although the findings of this inspection evidenced improvements made in meeting residents' activation needs, further improvement was required to ensure residents' social and activation needs were comprehensively assessed and met. This was particularly evident for residents who were unable to participate in the group activities provided. The activity schedule and residents' records did not provide assurances that residents' activation needs were met on the three days that the activity co-ordinator was not in the centre. There were no organised activities scheduled during weekends.

Staff records confirmed that the system of formal staff supervision had been revised since the last inspection to ensure that appraisals informed staff training and professional development.

Mandatory training was facilitated and completed for all staff since the last inspection and all staff including volunteers were recruited, selected and vetted in accordance with best recruitment practice. The inspector examined a sample of staff files which were found to contain all of the information required by Schedule 2 of the regulations including completed An Garda Siochana vetting procedures.

A training programme was in place to support staff to provide care that reflected up-to-date, evidence-based practice. The newly appointed activity co-ordinator was scheduled to commence a postgraduate course in sensory based activation on 08 February 2017. Details of staff training attendance given to the inspector referenced staff attendance at mandatory and professional development training. The staff training records confirmed that all staff had completed safe moving and handling, protection of vulnerable adults and fire safety training on this inspection.

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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Regulation Directorate
Health Information and Quality Authority

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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 Ursula's Nursing Home
Centre ID:	OSV-0000171
Date of inspection:	11/01/2017
Date of response:	03/02/2017

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:
Documentation of some residents' care plans did not clealy identify the specific need which the care plan aimed to address.

Some care plan interventions were not person-centred.

The activation needs of some residents were not adequately assessed and documented

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

in a care plan.

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 that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
The care plan identified has now been addressed and implemented. However currently we are revising all care plans so that we can continue to provide an individualised approach to person centred care. A planned activity schedule is now in place incorporating 1:1 activities and sensory based activities to meet the resident's needs.

Proposed Timescale: 10/03/2017

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 design and layout of the premises required improvement to ensure that residents had adequate communal facilities to meet their needs.

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:
We have now 2 sittings at mealtimes for our residents. This ensures a relaxing dining experience.
All activities are now provided in a suitable quiet area which provides a relaxing environment for small groups.
The replacement of bathroom equipment is currently under review and will be repositioned.

Proposed Timescale: 28/02/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Improvement was required to ensure the activation needs of residents with needs requiring 1:1 or small group, sensory based activities were comprehensively assessed and met.

Some residents had access to activities only for four days per week.

3. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
All activities are now provided in a suitable quiet area which provides a relaxing environment for small groups.
We have now 2 sittings at mealtimes for our residents in the dining room.
This ensures a relaxing dining experience.
A planned activity schedule is now in place incorporating 1:1 activities and sensory based activities to meet the residents needs.

Proposed Timescale: 28/02/2017

Outcome 18: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staffing levels required review to ensure the social and activation needs of all residents were met.

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

Please state the actions you have taken or are planning to take:
We are currently reviewing our assessments on all residents for their social and activation needs , we have introduced a 'degree of interest and participation' care plan.
A weekly activity schedule is now in place, which is developed by our activity Co-ordinator.

Proposed Timescale: 06/03/2017