

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Queen of Peace Nursing Home
Centre ID:	OSV-0000379
Centre address:	Churchfield, Knock, Mayo.
Telephone number:	094 938 8279
Email address:	queenofpeacecare@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	MMM Partnership
Provider Nominee:	Gerard Meehan
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	31
Number of vacancies on the date of inspection:	1

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
06 June 2017 10:30	06 June 2017 19:00
07 June 2017 09:30	07 June 2017 14:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially 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 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection, carried out by the Health Information and Quality Authority (HIQA). HIQA had received unsolicited information since the last inspection. Areas detailed were found to be unsubstantiated. The centre is registered to accommodate a maximum of 32

residents who require nursing care. The current registration of this centre is due to expire in October 2017.

Queen of Peace Nursing Home is a purpose built dormer bungalow style building opened in 1990. Four single en-suite bedrooms, sixteen single rooms with an en-suite toilet, four twin rooms with a wash hand basin and two twin rooms with an en-suite toilet are available. Four communal toilets, two bathrooms and two shower rooms together with two day rooms, a chapel, dining room, visitor's room, sluice room, cleaning room laundry and offices are also available. All residents are accommodated on the ground floor. Office space and staff facilities are available on the second floor. A pleasant well maintained enclosed garden with poly tunnel is available. The queen of Peace Nursing Home is situated in the town of Knock approximately 150 metres from Knock Shrine.

Eight residents and six relatives completed a pre-inspection questionnaire. On review of these the inspector found that residents and relatives were very positive in their feedback with regard to the staff, management, the overall service and care provided. They all voiced that if they had an issue to discuss with one of the management team or any member of staff. The provider and his wife work in the centre on a daily basis and residents confirmed that they were freely available. Some residents voiced the view that the centre had improved under the new management team. Residents were satisfied with the activity schedule, the outings and quantity and quality of food available.

Documentation submitted by the centre since the last inspection was reviewed by the inspector prior to and during the inspection. The inspector also met with residents and staff members, observed practices and reviewed documentation such care files, medical records, staff personnel files, risk and fire documentation and the complaints log.

An unannounced dementia care thematic inspection had previously been carried out by HIQA in April 2016. Seven actions, five of which were the responsibility of the provider and two the person in charge were detailed post this inspection. All actions were found to have been addressed.

Overall, substantial compliance was found in the many outcomes. Actions that require to be undertaken by the provider/person in charge are contained in the action plan at the end of the report.

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 (SOP) which consisted of a statement of the aims, objectives and ethos of the centre, detailed the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations was available, however some minor aspects were unclear. The provider and person in charge verbally stated that this would be reviewed to ensure clarity. A copy of the updated statement of purpose is to be forwarded to the Health Information and Quality Authority as a current SOP is required for renewal of registration of the centre.

Judgment:

Substantially 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:

At the time of the last inspection the inspector found that while an audit system had

been enacted quality improvement plans required more input to ensure that any deficits identified were addressed. This has been addressed. A corrective action plan was developed post any audit where a deficit was identified.

An external management company had been commissioned to set up a quality management system (QMS). This was a comprehensive set of audits and procedures that were required to be undertaken by the centre personnel. The provider, administrator, person in charge and clinical nurse manager had varying responsibilities under this system. The person in charge monitors a number of clinical indicators on a weekly basis such as pain, pressure areas, catheterisation rates, significant event, weight loss, hospital admission, review by their general practitioner, significant event and antibiotic use. Audits had been completed on health and safety, falls and nutritional care.

An annual review of the quality and safety of care delivered to residents in the designated centre had been completed. A copy of this review is available to residents.

The inspector found there were sufficient resources to ensure effective delivery of care in accordance with the Statement of Purpose. Resident and relative questionnaires supported the view that there was adequate staff on duty at all times to meet the needs of residents. All residents spoken with by the inspector confirmed that staff were available to them when they required them, the sitting rooms were always supervised and call bells were swiftly answered.

A clearly defined management structure that identifies lines of authority and accountability was in place. The provider representative works in the centre on a daily basis and had good knowledge of the service and an understanding of the regulations and standards. The person in charge, his deputy and the provider were on-call out of hours

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:
A comprehensive resident's guide detailing a summary of the service provided, the complaints procedure and arrangements for visiting was available. However, an easy to

read/pictorial guide was not available which would facilitate a better understanding for residents who were cognitively impaired. The Person in Charge gave a verbal commitment to address this.

The inspector reviewed a sample of residents' contracts for the provision of services and found that the contracts outlined the support, care and welfare to be provided to residents along with the fees to be charged. The contracts identified when a resident was admitted whether the bedroom available to them was single or twin.

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 is a registered general nurse and has the required experience and knowledge to work as the person in charge. The inspector reviewed the roster which demonstrated that the person in charge is employed full-time. During the inspection he demonstrated that he had knowledge of the Regulations and Standards pertaining to designated centres. Staff were familiar with the organisational structure and confirmed that good communication existed within the staff team. He worked in the delivery of care on a regular basis and residents knew the person in charge and confirmed that he was approachable. He displayed a good knowledge of the assessed needs of residents.

The centre promoted a philosophy of care where the main focus was on positive outcomes for residents.

He maintained his professional development and had completed a Level 6 QQI(Quality and Qualifications Ireland) course in training delivery and evaluation. Since the last inspection he had completed training in Health and safety, first aid, and wound management.

He has also recently completed training on the HSE safeguarding vulnerable adults at risk of abuse policy and plans to train staff on this policy. His mandatory training in manual handling and his registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date. He displayed a good knowledge of the fire safety procedures to be adapted should evacuation be deemed necessary.

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):

No actions were required from the previous inspection.

Findings:

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were available and were stored and maintained securely. The inspector reviewed a sample of these records to include fire safety, staff recruitment and residents' care and medical files.

The centre's insurance was up to date and provided adequate cover for accidents or injury to residents, staff and visitors.

There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Visitors were noted to sign in on entry and exit.

The directory of residents' contained all information required by schedule 3 of the regulations and was maintained up to date. The inspector also reviewed a sample of policies and procedures as required by Schedule 5 of the regulations. All the required policies were in place.

A sample of staff files was reviewed and found to be compliant with the regulations. The provider confirmed in writing to HIQA on the 7 June 2017 that all staff has Garda vetting in place.

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:

The recently appointed clinical nurse manager had worked as a staff nurse in the centre since November 2014 is deemed a person participating in the management of the centre. She was interviewed by the inspector during the inspection and found to have the required skills and knowledge to deputise for the person in charge in his absence.

She had maintained her professional development and had completed courses in mediation management, end of life and person centred dementia care.

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:

This outcome was reviewed on the last inspection in April 2016 and found to be substantially compliant. Both actions from the last inspection had been addressed. A culture of promoting a restraint free environment with an increase in the use of alternative safety measures such as low-low beds/ alarm mats were in place. Evidence of alternatives considered or trialled was available. All restraints in place were used as an enabler, many had been requested by residents and others were in place for the purpose of positioning or enhancing the residents' function.

The action with regard to ensuring that the rationale for the use of an enabler was signed by the multi disciplinary team as directed in the centre's policy. Additionally care plans were in place to detailing the rationale for the use of the bedrails as an enabler. Policies were in place with regard to managing behavioural and psychological signs and

symptoms of dementia (BPSD) and restrictive practices. Behaviour support plans had been reviewed since the last inspection and the inspector found that they were person centred and contained a specific reactive strategy in order to guide and inform staff regarding the management of responsive behaviours.

Measures were in place to safeguard residents. A policy on and procedures for safeguarding vulnerable adults at risk of abuse was in place. All staff had attended updated training on safeguarding vulnerable adults. The person in charge and the care co-ordinator had attended a course on the new safeguarding policy and were trainers on safeguarding. All staff spoken with were clear on their role and responsibilities in relation to reporting abuse. All voiced the review that the care of the residents was paramount and they would report any suspicion or allegation of abuse to the most senior staff on duty at the time.

The inspector reviewed arrangements in place with regard to residents' finances. The centre did not act as an agent for any resident. Petty cash was kept in safe keeping for a minority of residents at the request of the resident or their relative. Transparent arrangements were in place with regard to the documentation. No transactions had occurred since the monies were deposited as the centre paid for the chiropodist or hairdresser etc and a receipt was available and an invoice was forwarded to the residents or whoever took responsibility for the residents' finances.

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:

At the time of the last inspection the provider informed the inspectors that simulated fire drills with the least amount of staff available had been undertaken, but no records were available of these occurring. This had been addressed. Regular fire drills were occurring and these were documented. The provider had completed a fire training course and was qualified to train staff in fire safety. The inspector reviewed the fire training records and found that all staff had recently undertaken training in fire safety.

All staff spoken with knew what to do in the event of a fire. Fire records showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. The inspector found that all internal fire exits were clear and unobstructed during the inspection.

The health and safety of residents, visitors and staff was promoted in this centre. There was a centre-specific emergency plan that took into account a variety of emergency situations. Clinical risk assessments were undertaken, including falls risk assessment, nutritional care assessments and neurological observations were completed post falls to monitor neurological function.

The local fire station has a good knowledge of accessibility to the centre, the layout of the centre and the number of residents the centre was registered to provide care to. The provider had installed an AutoCAD system which was accessible to the local fire services, this contained a plan of the centre.

There was good emphasis on promoting independence and equipment such as walking aids to support residents, handrails on both sides of the corridors were available to residents. A physiotherapist attended the centre who advised on mobility and on exercises suitable to the needs of residents. Moving and handling assessments were available for all residents and the number of staff required to assist as well as the equipment needed to undertake manoeuvres safely was described. All staff had up to date training in moving and handling and in the use of the hoists. The dates of training outlined in the training record conveyed that staff completed training within the three year timeframe.

There were arrangements in place for recording and investigating of untoward incidents and accidents. Information recorded included factual details of the accident/incident, date event occurred, name and details of any witnesses and whether the general practitioner (GP) had been contacted.

The provider has contracts in place for the regular servicing of all equipment and the inspector viewed records of equipment serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs and were serviced on an annual basis, hoists were serviced six monthly.

The environment was observed to be clean. Staff who spoke with the inspector were knowledgeable in infection control procedures and training had been provided. Staff had access to supplies of gloves and disposable aprons and was observed using these as they went about their duties.

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):

No actions were required from the previous inspection.

Findings:

The inspector observed one of the nursing staff on part of their medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. There were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. There were no residents receiving medication that was crushed. The nurse explained that they had a policy of crushing medication only as a last resort and if any liquid derivatives were available these were used. Antibiotic use was monitored and there was evidence of regular medication reviews by the general practitioners. The pharmacist attended the centre regularly and was available to residents as required. She completed regular medication audits and any deficits identified were addressed, for example ensuring the date of opening was recorded on all liquid medication.

Nursing staff had completed medication management training.

There was evidence that a register of MDA drugs was maintained and were checked twice daily by two nurses. The prescription sheet included the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum doses of PRN (as required medication) was recorded.

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:

The inspector found that a comprehensive record of all incidents was maintained. Notifications to HIQA were made in line with the requirements of the regulations.

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:

At the time of the last there was poor evidence of involvement of residents or relatives/significant others in the review of their care plan. This had been addressed. A narrative note was observed in files reviewed demonstrating involvement of the resident, relative/significant other.

Pre admission assessments were completed to identify residents' individual needs and choices and to ensure that the centre was able to meet the assessed needs of the resident. There was evidence of communication with family members and the referring agency/person. The inspector reviewed the management of clinical issues such as falls, wound care and diabetes management and found they were well managed and guided by robust policies and practices. Comprehensive assessments and a range of additional risk assessments had been carried out for all residents and care plans had been developed based on needs identified. Care plans were reviewed at four monthly intervals.

Residents and relatives were satisfied with the service provided. Residents had access to General Practitioner (GP) services and out-of-hours medical cover was provided. Residents also had access to community palliative care services. A range of other services was available on referral including speech and language therapy (SALT), occupational therapy, dietetic services, speech and language therapy (SALT) services, opticians, audiology and psychiatry of later life and chiropody services. One resident had been referred for a seating assessment to occupational therapy services and was awaiting an appointment at the time of inspection. Nursing care plans had been updated to reflect the recommendations of various members of the multidisciplinary team.

Physiotherapy assessments were included as part of the service with a physiotherapist attending the centre one day each week. The inspector saw evidence that residents with limited mobility and those at risk of falls had benefitted from physiotherapy input. Residents also confirmed that they saw the physiotherapist regularly and input from the physiotherapist was recorded in their notes. No residents had wounds at the time of inspection. Where residents were deemed to be at risk of developing wounds, preventative measures were enacted such as skin care regimes, use of specialist cushions/ mattresses and dietary supplements also formed part of the care package.

Arrangements were in place to review accidents and incidents. Residents at risk of falling were assessed using a validated falls assessment tool. A validated falls prevention programme was in place and audits supported that the level of falls had decreased . Falls prevention care plans were in place. These provided guidance to staff in the delivery of safe care and what detailed aids such as sensor mats/walking aids to mitigate the risk of further falls for the resident. Evidence was available that post-fall observations including neurological observations were undertaken to monitor neurological function after a possible head injury as a result of a fall. All residents who fell were reviewed by the physiotherapist post the fall. Systems were in place in relation to transfers and discharge of residents and hospital admissions. Inspectors saw in some files reviewed that residents had on occasions been admitted to the local acute hospital. There was evidence available of communication between the centre and acute care services when a resident was being transferred for care. Residents were accompanied by a relative to their out-patient clinic appointments and hospital admissions. Where this was not possible a staff member would attend. A centre bus was available and this was used to transport residents to their medical appointments when required.

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:

This outcome was inspected at the time of the last inspection in April 2016 and found to be compliant. The centre was clean and well maintained. The provider has completed significant re-decoration of the premises since becoming the provider representative in 2013 with new flooring, soft furnishings, curtains and homely artefacts to give the centre a more domestic style feel.

Queen of Peace Nursing Home is a purpose built dormer bungalow style building opened in 1990. Four single en-suite bedrooms, sixteen single rooms with an en-suite toilet, four twin rooms with a wash hand basin and two twin rooms with an en-suite toilet are available. Four communal toilets, two bathrooms and two shower rooms together with two day rooms, a chapel, dining room, visitor's room, sluice room, cleaning room

laundry and offices are also available. All residents are accommodated on the ground floor. Office space and staff facilities are available on the second floor. A pleasant well maintained enclosed garden with poly tunnel is available. The queen of Peace Nursing Home is situated in the town of Knock approximately 150 metres from Knock Shrine.

Floor coverings were a neutral colour and design throughout and bold patterns were avoided. Signage was available to give cues to residents to direct them towards their bedrooms. Some bedroom doors had personalised features to make them more easily identifiable to residents with dementia.

The dining room had double doors which were open so as to orientate residents. The centre was decorated and fitted with domestic style furnishings.

There was adequate wardrobe space available to residents. Inspectors observed that a number of residents had personalised their rooms with personal items including photos. There was a functioning call bell system in place within the centre, and hoists and pressure relieving mattresses were available, with records available supporting that they were regularly serviced. Residents spoken with confirmed that they felt comfortable and safe in the centre.

Judgment:

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:

This outcome was inspected at the time of the last inspection in April 2016 and found to be compliant. The centre had a policy and procedure in place for the management of complaints, including details of the appeals process. A summary of the complaints procedure was displayed and was also detailed in the Residents' guide.

The person in charge was nominated to deal with complaints. Complaints that were able to be resolved were done so immediately. There were no complaints since the last inspection. The inspector reviewed the complaints log. Details of the complaint, any investigation into the complaint and whether or not the complainant was satisfied with the outcome were recorded. The inspector found that complaints were appropriately responded to and records were kept as required. No resident, staff member spoken with by the inspector raised any concern with regard to the care or service provided.

Residents and family members who completed satisfaction questionnaires stated they were happy with the complaints process and would have no hesitation in making a complaint if the need arose.

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:

This outcome was the subject of a thematic inspection in April 2016 and all aspects of end of life were examined in detail during this inspection and were found to be compliant. There was a policy on end-of-life care which was guided practice and there was evidence of good practice in this area. The families of residents receiving end of life care were facilitated to be with their loved ones. Refreshments were provided. Staff had undertaken training in end of life care.

Staff confirmed there was good support from GP services and the local palliative care team.

There was evidence in files reviewed that residents were consulted regarding their future healthcare interventions, personal choices and wishes in the event that they became ill and were unable to make decisions regarding their future care. The inspector reviewed a sample of care plans which evidenced that there was a discussion with residents and their next of kin in relation to their wishes and preferences for end of life care and this was regularly updated. Refreshments were provided. Staff had undertaken training in end of life care.

The person in charge stated that residents at this stage of life would be offered a single room and this was usually available.

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:

This outcome was inspected at the time of the last inspection in April 2016 and found to be substantially compliant. At the time of the last inspection some nutritional care plans reviewed lacked sufficient detail to guide staff in the delivery of care. For example, they failed to include whether the resident was seen by a dietician or speech and language therapy and when seen by these professionals their advice and recommendations was not included in the care plan. This has been addressed

The inspector observed that wholesome and nutritious food which was provided in adequate quantities to meet each residents needs. Residents were offered snacks and refreshments at various times throughout the day.

Each resident was screened for nutritional risk on admission using a recognised assessment tool and four monthly thereafter or according to clinical need. Residents were weighted monthly or weekly if they were on close monitoring due to unintentional weight loss. Where a resident was identified as been at risk nutritionally they were referred to a dietician and those who had an impaired swallow were reviewed by a speech and language therapist.

The inspector observed residents having their tea in the dining room. Adequate staff were available to assist and monitor intake at meal times. A list of residents on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets/thickened fluids was available to catering and care staff. Residents confirmed that they enjoyed the food. The kitchen was open 24hrs per day and snacks were available.

Residents spoken with during the inspection and relatives in questionnaires returned to HIQA praised the food and the choices available to them. Residents' food likes and dislikes were recorded and meals served in accordance with their preferences and dietary restrictions.

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):

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

Findings:

This outcome was the subject of a thematic inspection in April 2016 and was found to be substantially compliant. At the time of the last inspection the inspectors found that personal calendars which would ensure that special dates for residents would be celebrated and acknowledged were poorly completed. This had been addressed personal calendars had been reviewed and updated to include all special dates.

The ethos of the service upheld the rights, dignity and respect for each resident. The nursing assessment included an evaluation of the resident's social and emotional wellbeing. All staff optimised opportunities to engage with residents in a person centre way. The daily routine was organised to suit the residents. The activities co-ordinator works 3 days per week. A weekly activities programme timetable was on display in the centre. Other care staff are also allocated to this role when she is not available. Dedicated time is provided by the activities co-ordinator to provide Sonas regularly. Residents told the inspector that there were lots of activities for them to partake in and "there was always something going on". They confirmed that they went on outings and enjoyed this. One resident told the inspector "if I want to go to the Shrine, the staff of the provider will bring me" The inspector observed that staff communicated appropriately with residents and were pleasant and gave time to residents. Residents had access to the outdoors and some residents who spoke with the inspector said they enjoyed sitting outside and working with the plants in the poly tunnel. A theme day was held every two months where the activity coordinator dressed in the traditional costume of the country and the food on offer that day was from the country. A quiz was held on that country in the am. Residents were complimentary of these days. A vintage day had been organised to take place in the grounds of the centre. This involved lots of vintage cars/machinery and other vintage items being brought to the centre. All residents and their relative were invited and a large BBQ was held. Residents were very complimentary of the management team for organizing this day. Newspapers were provided and residents had access to television and the radio.

There was evidence that residents had choice about their daily routines such as getting up or participating in activities. Residents had access to religious services, Mass was celebrated daily. Many residents came to the centre as it was located in Knock. Voting arrangements were in place and residents were facilitated to vote.

Staff were observed to protect the privacy and dignity by knocking on bedroom doors before entering and ensuring that curtains were drawn around the beds. Residents were consulted on the organisation of the centre. Quarterly resident meetings were held with residents. The last meeting was attended by 15 residents and occurred on the 16 May 2017. Minutes of these meetings were reviewed by the inspector. These demonstrated that the meetings were managed in a manner to elicit feedback or suggestions from the

residents. An action plan arising from any areas that required review or planning was completed post the meeting. A quarterly newsletter is prepared detailing any changes in the centre and locality. The local parish newsletter is brought in to the centre by local children.

Group activities were organised such as Sonas, exercise classes, Bingo and music sessions and hand massage. One-to-one activities, for residents who were unable or chose not to participate in group activities were observed to be occurring. Social care assessments were completed for each resident. These captured information on the resident's life prior to coming to live in the centre and detailed their hobbies, interests, likes and dislikes. Information from this assessment was used to inform the care plans and planning of activities. Care plans were created to meet residents' social and emotional needs and a record was maintained of the social engagements and various activities that each resident participated in.

There were no restrictions on visiting times; there were facilities to allow residents to receive visitors in private. Visitors who spoke with inspectors confirmed that they were not kept waiting at the door when they called to visit.

A quarterly newsletter is prepared detailing any changes in the centre and locality. The local parish newsletter is brought in to the centre by local children. An advocate was available to residents.

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 was a policy on the management of residents clothing and possessions. Each resident had an individual wardrobe and locker and access to a secure area where they could store personal valuables. Residents clothing was laundered on the premises and residents expressed satisfaction with the service provided and the safe return of their clothes to them. A record was kept of each resident's personal property and this was updated regularly by laundry staff.

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:

This outcome was inspected at the time of the last inspection in April 2016 and found to be compliant. There were 31 residents in the centre on the day of inspection. Seven residents were assessed as having maximum dependency needs, four had high dependency needs, ten had medium and ten were low dependent.

The inspector found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the days of inspection. The inspector reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster. From an analysis of the questionnaires completed by residents and relatives and from speaking with staff all voiced the view that there was adequate staff on duty. The sitting room was supervised at all times and there were adequate staff to meet the needs of residents in the dining room at dinner and tea time.

With regard to the direct delivery of care to residents, during the day the inspector found there was one nurse and the person in charge on duty from 08:00 to 16:00 hours, one nurse from 16:30 until 20:00 hrs and one nurse on night duty from 20:00hrs until 08:00. Four care staff were on duty in the am and three in the evening up to 20:00hrs. From 20:00 to 22:00hrs there were two care staff and one care staff from 22:00 hrs to 08:00hrs. In addition there was a care co-ordinator chef, cleaning, laundry, administration and an activity co-ordinator (3 days per week). The provider also worked full-time in the centre.

Confirmation of up to date registration with An Bord Altranais agus Cnáimhseachais Na hÉireann for all nursing staff was available. Training records were reviewed and evidenced that all staff had been provided with training in fire safety, moving and handling and safeguarding vulnerable persons. Additional training and education relevant to the needs of the residents profile had been provided for example infection prevention and control, care planning, continence care, dementia care, and nutritional

care. A planned training schedule was also in place. This included communication, health and safety and responsive behaviour.

The centre has a safe and robust recruitment process in place. On review of staff files the inspector found that all schedule 2 documents were in place. The provider confirmed in writing to HIQA on the 7 June 2017 that all staff has Garda vetting in place. There were no volunteers attending the centre at the time of this inspection.

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:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Queen of Peace Nursing Home
Centre ID:	OSV-0000379
Date of inspection:	06 and 07 June 2017
Date of response:	22 June 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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

Some minor aspects were unclear.

1. Action Required:

Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

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

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

The statement of purpose has been reviewed to ensure clarity on areas highlighted by the inspector in line with regulation 03(2).

The updated SOP will be forwarded as an immediate action 19/6/2017.

Proposed Timescale: 19/06/2017