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. Attracta's Nursing Home
Centre ID:	OSV-0000386
Centre address:	Hagfield, Charlestown, Mayo.
Telephone number:	094 925 4307
Email address:	info@stattractas.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St. Attracta's Nursing Home
Provider Nominee:	Trina Donohue
Lead inspector:	Marie Matthews
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	64
Number of vacancies on the date of inspection:	3

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:
29 November 2016 10:00	29 November 2016 19:30
30 November 2016 10:00	30 November 2016 18:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially 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 inspection following on from the provider applying to renew the registration of the designated centre. As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector met the provider

who also worked in the centre and the person in charge and clinical nurse manager. The centre is located in a rural area near the town of Charlestown. The centre has capacity to accommodate 67 residents and provides long term care to adults.

The inspector found that the provider demonstrated a willingness to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland. There were suitable governance and management systems in place. The centre was well laid out and furnished to a high standard. It was nicely decorated and furnished in a homely style. Good dementia design principles had been implemented and the centre was maintained in good standard of hygiene and repair. Appropriate assistive equipment was provided to support residents. Deficits in the premises identified on a previous inspection were been addressed in response to the previous action plan with an extension of the building.

The healthcare needs of residents appeared to be met and residents had good access to medical services and to allied health professionals. There were appropriate systems in place to safeguard residents from abuse and there was opportunity for residents to participate in recreational opportunities. The staff were trained in dementia which helped ensure that the management of responsive behaviours was appropriate.

There were good recruitment arrangements in place, and staff had completed all mandatory training areas. The staff were familiar with the residents and knowledgeable of their health-care needs, with area of improvement identified in the review and documentation of care plans. Some other areas of improvement were identified in relation to ensuring risks were appropriately managed and that all care plans were reviewed so that they were person- centered and guided care. The findings are discussed further in the report and improvements required are included 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:
There was a written statement of purpose 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. The provider was aware of the need to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
There was a clearly defined management structure that outlined the lines of authority and accountability in the designated centre. There were systems in place to review the

safety and quality of care of residents living in the centre.

The representative of the provider (the provider nominee) and the person in charge worked closely together and had delegated clear lines of authority and accountability of roles within the centre. The provider was based in the centre most days of the week and regularly met the person in charge. They had discussions and meetings on the operation of centre. There were minutes of monthly management meetings available which were reviewed by the inspector. The agenda was structured and based on the Authorities standards.

There was evidence of regular meetings of all staff grades. The person in charge attended all meetings. The inspector reviewed minutes of some of the meetings and saw that the findings from various audits completed were communicated to staff at these meetings. There was evidence that residents were consulted about the running of the centre. An independent advocate attended residents meetings. A resident newsletter was produced three times a year.

There were systems in place to monitor the quality and safety of care provided to residents. The inspector read a sample of audits completed during the year. The audits were completed for a number of key performance indicators (KPIs) such as falls, wound care, weight management, restrictive practices, medicine management, and complaints, pressure relief settings. An annual report for 2015 on the safety and quality of care provided to residents was available. The inspector reviewed the report which covered areas such as healthcare, resident's rights, risk, staff training, governance and the care environment. The report included a quality improvement plan to address the areas identified for improvement.

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:
The inspector found residents were provided with a written contract and a guide to the centre was provided on their admission. A sample of residents' contracts of care was reviewed. The contracts were signed within one month of admission to the centre. The contract outlined the services provided and the fees charged. Services not included in the fee were identified and an appendix with approximate fees was attached to the

contract. The inspector saw that the contract of care stated there was a fixed monthly fee for the social programme payable regardless of residents' participation in activities. There was evidence that an activities programme was provided to residents during the inspection as outlined in Outcome 15 (Residents rights, dignity and consultation). The person in charge confirmed that the fee for the social programme was not charged if the resident was transferred to hospital or if the resident chose not to engage in the programme.

A residents' guide was available and it contained the mandatory information required by the regulations.

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 inspector found that the centre was managed full time by a registered nurse with experience in care of older people. The person in charge was a suitably qualified and experienced manager. She was a registered general nurse with experience in the area of care of older people. The person in charge was knowledgeable of the residents' health and social care needs. It was evident that she was very familiar with the residents, and she was observed stopping to spend time and talk with residents. during the inspection. The residents and family members in turn told the inspector the person in charge was available to them.

The person in charge ensured her clinical skills were kept up to date and had attended training courses in medication management, management of seizure and nutrition. She had post registration qualifications in dementia, nursing home management and dementia design. She was supported in her role by a clinical nurse manager.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations

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

Theme:
Governance, Leadership and Management

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

Findings:
The policies required by Schedule 5 of the regulations were in place and there was a system in place to ensure they were regularly reviewed. The policies were up-to-date and centre specific. A directory of residents' was maintained which contained the information required in the regulations. The inspector found that the records outlined in Schedules 2, 3 and 4 of the regulations were maintained in a manner to ensure accuracy and ease of retrieval.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
Suitable arrangements were in place for the governance of the centre in the absence of the person in charge. A clinical nurse manager who is a registered nurse provided cover in her absence.

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):
No actions were required from the previous inspection.

Findings:
There were systems were in place to safeguard residents and protect them from the risk of abuse. The inspector reviewed the centre's safeguarding policy. The person in charge was also familiar with the principles of the Health Service Executive's (HSE's) policy and procedures of 2014 on safeguarding vulnerable residents at risk of abuse. A copy of the policy was available in the centre and all staff had signed to indicate that they had read the document. Staff members spoken with were familiar with the different types of abuse and clear on their duty to report any incidents to the person in charge.

Training records reviewed by the inspector confirmed that all staff had received training on recognising and responding to elder abuse. There had been one allegation of abuse in the centre since the last inspection. The inspector saw that the person in charge had completed an investigation and had taken appropriate action to safeguard residents in accordance with the centres policy on safeguarding.

The provider confirmed that she was not a pension agent for any residents. Small amounts of residents' personal monies were kept for residents. There were systems in place to safeguard residents. The inspector reviewed these practices and found them to be satisfactory. The centres' office manager managed the records and the inspector saw that transactions were clearly recorded and two signatures were present to ensure accountability.

There was a centre specific policy available on the management of responsive behaviours. The inspector reviewed the care notes of some residents who had responsive behaviours. (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). A care plan was developed which identified some of the possible triggers to the behaviours. The inspector reviewed a sample of care plans and saw that they included suggested strategies to help prevent behaviours as well as interventions to help de-escalate incidents that occurred. The training records reviewed verified that staff had completed training on dementia to help them to care for residents in a calm sensitive manner.

There was a policy on restraint management available which was based on the national policy. 19 of the 67 residents had bedrails in situ. Nine of these were in place at the request of the resident to help them to feel safe. The person in charge said that the use of bed rail was regularly reviewed and the majority were requested by a resident. The

enabling function was not always recorded in the sample of restraint records reviewed. The inspector saw that a risk assessment was completed for all restraints in use and there was evidence that alternative options were first considered.

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

Findings:
The provider had systems in place to protect and promote the health and safety of residents, visitors and staff and the provider had oversight of risk management in the centre.

The inspector reviewed the centres' risk policy which addressed risks identified in the regulations. A safety statement was also available which contained environmental risk assessments. A separate risk register was maintained electronically. A sample of risk assessments was reviewed and the inspector saw that controls were in place to mitigate each risk and protect residents.

On the previous inspection the inspector identified that there was a raised lip at the doorway to the garden off one of the day rooms which was a tripping hazard. This risk had been assessed and included in the centres risk register and the refurbishment which was in progress will remove the doorway in question.

Some corridors were observed to be poorly lit. This was also identified on the previous inspection. The person in charge said that the light bulbs on the corridors in question were replaced following the last inspection however on the afternoon of the inspection some corridors were observed to be poorly lit because the lighting had not been turned on and this could contribute to the risk of falls. In discussion with the person in charge the provision of sensor lighting, activated by movement warranted consideration or alternatively an appropriate staff checking system to ensure that lighting on all corridors was switched on when necessary. This action is repeated in the action plan that accompanies this report.

The person in charge had completed training in falls prevention and had implemented a falls prevention programme with good effect. The inspector saw that the strategy which was implemented jointly with the physiotherapist referred to as 'get up and go'

concentrated on increasing the numbers of walks taken daily by all mobile residents to improve stamina and increase strength. An analysis of the time taken for residents to get up from a seated position to standing had been completed and this time had reduced since the introduction of the programme.

There were systems in place to manage and document accidents and incidents. The inspector reviewed a sample of accidents records. Details of the incident and the actions taken in response to the incident were recorded and the inspector saw that interventions were put in place to prevent a reoccurrence.

The centre appeared clean and no mal odours were detected. There were polices available on the prevention of infection in the centre. Protective clothing and hand gel dispensers were provided throughout the centre. The use of protective gloves and other protective equipment had been included in the centres' risk register in response to the action plan from the last inspection. The inspector observed that protective gloves were stored in some bathrooms. The provider stated that these were necessary for ensuring infection control. The provider also confirmed that risk assessments were completed on the use of vinyl gloves and on the location of the gloves to identify any residents who might be at risk of choking. However in view of the transient nature of cognitive impairment, the inspector felt that additional measures such as locks on bathroom cabinet doors were necessary to further mitigate the risks. An action has been included in the action plan requiring the provider to addressed this.

Staff had all up-to-date training in movement and handling and in the use of assistive equipment such as hoists. There were non-slip safe floor surfaces throughout and handrails provided painted in contrasting colour to the walls were provided along all corridors to support residents.

A maintenance staff member worked every day from 7.30 until 3pm and there were systems in place to report any maintenance problems. An emergency plan was available which contained procedures for events such as adverse weather conditions, fire or water shortage. Accommodation was identified which residents could be evacuated to if required.

Arrangements were in place for the prevention and containment of fire. There were appropriate fire safety precautions in place. Suitable fire fighting equipment was provided for example, extinguishers, fire doors, emergency lighting and alarm equipment. There were service records of the equipment maintained that confirmed regular servicing took place and they were in good working order. All fire exits were unobstructed and records were available to verify that daily checks were completed by nursing staff.

Fire evacuation procedures were prominently displayed in the centre. All staff had been trained in fire safety management, which they completed on an annual basis. The staff were knowledgeable of their role and the evacuation of residents in the event of a fire. There were fire drills completed regularly and at a minimum every six months. This was confirmed by records read, which included any outcomes and observations to bring about improvement in efficiency of evacuation.

Judgment:
Substantially Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
There was evidence of safe medication management practices and processes were in place to guide and support practice. The inspector reviewed a sample of residents' medical notes and read that residents' health needs were being monitored. The route, dosage and time of administration of medication were indicated on the sample of medication administration records reviewed and the maximum dosage to be administered in a 24 hour period for 'as required' (PRN) medication was stated. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The sample of medication sheets reviewed was clear, legible and distinguished between PRN, short-term and regular medication. The signature of the GP was present for each drug prescribed. Medication was being crushed for some residents prior to administration due to swallowing difficulty and this was identified on their medication charts.
Each resident's medication was supplied in a bio-dose system which separated each resident's medication for morning, afternoon evening and night time. There was a picture of each medication on the pack. Medication trolleys were secured and the medication keys were kept by a designated nurse at all times.

Medication administration sheets were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed time-frames. There was documentary evidence to show that medication was reviewed by the GPs every three months or more frequently. There was a system in place for the recording and management of medication errors. Regulator audits of medication administration were completed by the person in charge.

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:
Practice in relation to notifications of incidents was satisfactory. The inspector reviewed a record of all incidents that had occurred in the centre since the previous inspection and cross referenced these with the notifications submitted by the person in charge .

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding serious incidents and accidents. To date all relevant incidents had been appropriately notified to the Authority .

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:
There were 64 residents accommodated at the time of the inspection. 27 residents were assessed as having maximum care needs, 17 had high care needs, 11 had medium care needs and 9 residents were assessed as having low care needs. Residents had a range of healthcare problems associated with age and the majority had more than one medical condition. Several had some element of dementia, cognitive impairment or Alzheimer's disease.

The inspector found that residents were appropriately assessed and monitored and that their health and social care needs were met to a high standard. Preadmission assessments were completed to establish to determine areas of risk. Comprehensive nursing assessments were completed on admission to establish residents' health and social care needs. The inspector saw that a range of assessment tools were used to

assess each residents' risks related to nutrition, falls, developing pressure ulcers and cognitive ability.

Care plans were maintained electronically and the inspector saw that these were updated at four monthly intervals or when there was a change in a resident's health condition. The inspector reviewed 9 care plans in total and these were clearly linked to the assessments completed. The majority of care plans were person-centred and provided guidance on the interventions necessary to provide care and meet the residents' needs. A small number of care plans reviewed were generic and contained information which was not directly relevant to the resident. The person in charge told the inspector that she was in the process of reviewing the process for care plans with the software provider to remove some generic information included. Care plans reviewed where this work had been completed were found to be much more person centred and provide more relevant guidance. There was evidence of consultation with residents or their representative in the care plans reviewed and this was confirmed by relatives who spoke with the inspector.

7 GPs attended the centre and the inspector saw that residents were reviewed promptly following admission, when their medication required review and when they were unwell. There was evidence that medication was regularly reviewed to ensure optimum therapeutic values. Residents had access to allied health professionals including mental health services, physiotherapists, speech and language therapists, dieticians and chiropodists. Access to occupational Therapy (OT) services was through the Health Services Executive and sometimes involved a waiting period for an assessment by the OT referral. There was no residents currently awaiting this service and the person in charged stated that private referral could be made in this eventuality. Evidence of referrals and reviews by specialists were recorded in the residents care records and the inspector saw that the advice of the specialist was incorporated into the residents' care plan. There were systems in place to ensure that when residents were transferred to hospital appropriate information about their care needs and treatment was shared between the services.

Staff were knowledgeable about residents' preferred daily routines, their likes and dislikes. A communication care plan was in place for each resident which described strategies to include residents and involve them in discussions regarding their care. There were no residents with wounds at the time of inspection and the inspector saw that assessments were completed to assess each residents' skin integrity and those at risk of developing a pressure wound were appropriately provided with pressure relieving mattresses and cushions and were regularly repositioned to prevent deterioration of the skin.

The inspector reviewed residents' progress notes which recorded their health condition and any treatment given each day and night. Some records were clinical in nature and required expansion to provide a more holistic account of the residents' health and social needs.

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

Findings:
The centre was purpose built and provided a warm comfortable environment for residents. The design contributed positively to dementia care practice. Hallways were wide and unobstructed and there was contrast in the colours used for floors, walls and handrails. Residents had a choice of places to spend time during the day. There was a choice of communal areas available where residents could relax and spend time quietly away from activities and television. These areas were well used throughout the day. Sitting areas were well appointed and had bookcases and lamps that contributed to the home like environment. The main dining area was spacious and had fixtures and fittings that aided recognition.

There were 48 bedrooms in total, of which 46 have ensuite bathroom facilities. 30 bedrooms were single and 17 were twin bed rooms. There was one three bedded room which the provider stated will become a two bedded room when the extension which is under way is complete. Most residents' bedrooms overlooked the garden so residents were able to see the outdoors from their rooms. There was a call bell system in place so that residents could request help when in bedrooms or communal areas.

Both the PIC and Risk Manager had completed a dementia design course with Stirling University in 2014 and the inspector saw that they had implemented dementia friendly principles into the design to enhance the centre for residents with dementia. The inspector saw that each corridor was painted contrasting colours to aid recognition and promote independence. Bedroom doors were painted in different colours and had pictures or personal objects with special meaning to the individual resident displayed to assist them in locating their bedroom. Toilet doors were all painted in uniform colours and doors to rooms with restricted access such as cleaning rooms and sluice rooms were painted in the same colour as the walls to make them less visible. The person in charge stated that residents were consulted with regarding colour choices. Most residents had personalised their rooms with photographs and ornaments and some had brought small items of furniture or pictures from home. Signage had been provided to help residents find their way around the building.

On a previous inspection, the inspector identified that residents with dementia had less

opportunity than other residents to leave their sitting area which was known as the 'snug' and that the communal space available to these residents was limited as sitting and dining space was combined. The inspector saw that building work to address this deficit had commenced and the extension to the centre will provide two new living areas for residents with dementia . The provider told the inspector that the residents of the snug are brought to other areas of the centre on a daily basis to attend various activities, receive visitors and attend mass. As the extension was not complete at the time of the inspection this action is repeated in the action plan that accompanies this report.

There was a service contract in place which covered breakdown and repair of all hoists, wheelchairs, beds, air mattresses and other equipment used by residents. The inspector reviewed the records and servicing of all equipment was in date. Residents had access to a well maintained secure garden and courtyard. A maintenance person was employed and responsible for the upkeep of the premises and garden areas.

Judgment:
Substantially Compliant

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

Theme:
Person-centred care and support

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

Findings:
The complaint's procedure was prominently displayed at the main entrance. The centre's complaint's policy was reviewed in response to the action plan from the last inspection and was in line with legislative requirements. The policy listed the details of the nominated complaints officer and the appeals process. The policy stated that all complaints would be acknowledged in five working days and a full investigation completed in 30 working days.

The inspector read a sample of complaints recorded for 2016. There were a small number of complaints recorded. The nature of each complaint was documented and there was a response to each complainant. The inspector saw that an investigation was completed within the time frame identified in the policy. The complainant's satisfaction with the outcome was recorded. The person in charge stated that verbal complaints were resolved by staff at local level and escalated to her if not.

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

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:
There was a policy on end-of-life care which guided practice. The person in charge confirmed that the centre was well supported by the local palliative care team. Some residents had a do not attempt resuscitation (DNAR) status in place. The inspector saw that this status was reviewed to assess the validity of the clinical judgement on an ongoing basis.

A spacious new room with ensuite facilities had been made available specifically for residents receiving palliative care. The provider stated that this would not increase the capacity of the centre. Accommodation was available upstairs in the centre for family members who wanted to stay overnight with their loved one.

One resident was receiving end-of-life care at the time of inspection. The inspector saw that an end of life care plan was developed and the wishes of the resident were clearly recorded.

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):
No actions were required from the previous inspection.

Findings:

The inspector found residents were provided with refreshments, snacks and meals that were varied, wholesome and in accordance with their assessed needs. All residents were screened for nutritional risk on admission using a recognised assessment tool. The inspector saw that residents' weights were checked on admission and then on a monthly basis or more frequently where indicated. Where residents were identified as being 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 the lunchtime and evening meal in the main dining room. A menu was displayed which offered choice. The atmosphere in the dining room was observed to be calm and sociable. Rectangular tables were positioned together to provide a larger dining table and 8 residents shared a table. The person in charge said that this helped stimulate better conversation. Tables were nicely set and the meals served were nicely presented and appeared wholesome and nutritious. There were good practices to support residents who required assistance and staff were observed discreetly and respectfully assisting some residents with their meals. Residents with an impaired swallow were seated in an upright position in accordance with the advice of the Speech and Language therapist to prevent aspiration.

The menu was provided in pictorial format to aid recognition and was rotated. There was a variety and choice of meals available to residents. The inspector verified that the residents whose swallow was impaired and were on a modified consistency diet received their prescribed diet. There were systems were in place to ensure residents' prescribed needs were communicated to catering staff. There were plenty of refreshments and snacks provided to residents during the day. The inspector saw residents being offered water, fruit juices, soups and hot drinks. There was fresh fruit, cakes, scones and sandwiches provided during the day.

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:
The inspector observed that staff knew the residents well and connected with each

resident on a personal level. There was evidence that residents were consulted on all aspects of the service. A residents' committee met once a month and minutes were recorded. The meetings were chaired by an independent advocate. The inspector saw that some relatives attended these meetings from time to time. From a sample of minutes read, it was evident that action had been taken to bring about suggested improvements for residents. For example a list of suggested locations for outings was discussed at one meeting and there was evidence that the provider had organised for residents to go on a trip to the suggested venue.

The inspector saw that a varied activity programme was provided to help keep residents engaged. Four activities coordinators were employed and two were on duty each day. Activities provided included passive exercises classes, Skittles, arts and crafts and Sonas (a specific sensory activity aimed at the needs of people with dementia) and massage and sensory therapeutic sessions for residents with advanced dementia. There was some social information recorded on each resident's life and background. These varied in the level of information they contained and the activities coordinators identified that some assessments required more information to assist the staff to target the activities provided. One social care plan reviewed was for a resident with dementia. The inspector saw that it clearly outlined the level of ability the resident retained and the activities they could still participate in.
Local and national newspapers were available for residents. The centre also produced an accessible quarterly newsletter which was circulated to residents. Residents' civil and political rights were respected. There were arrangements with the local county council for residents to vote in-house at each election, or to use a local polling station if they wished. Mass was celebrated weekly in the centre and celebrants from other denominations also attended to their congregation.

There was an open visitor's policy to the centre, and residents could meet visitors in private in a designated meeting room. This was observed to be well used on the day of the inspection.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:

There were arrangements in place to protect residents' possessions and clothing. Suitable storage space was provided in each bedroom for residents' clothing and their personal possessions. A lockable drawer was provided and the centre had a safe available to residents for safekeeping of small amounts of money for residents.
There were appropriate laundry facilities available in the centre and staff members were assigned to the laundry. All clothing was labelled by the staff to ensure it was returned to the resident from the laundry.

Judgment:
Compliant

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

Theme:
Workforce

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

Findings:
The inspector found there was an appropriate staffing skill mix and number working in the centre to meet the care needs of the residents for both day and night.

There was a planned and actual staff roster in place. It included the names and the times of staff shifts for each staff grade. The normal allocation of staff was three nurses and 10 care assistants on duty during the day until 8pm at night. This reduced to two nurses and three care assistants from 8pm until 8am. The person in charge said that additional staff were deployed where necessary. For example, if a resident was ill or required one to one care. Residents and relatives reported satisfaction with the staffing levels. All staff including the activities coordinators were trained to provide care and helped to get residents up and dressed every morning. The person in charge said that this helped staff to get to know residents in their care.

The person in charge worked full time. A clinical nurse manager CNM had a supervisory role in the centre. The provider was in the process of recruiting two additional CNMs to fill posts which had become vacant. All care staff reported to the nurses. The nurses in turn reported to the CNM and the person in charge.

The inspector reviewed a sample of personnel files for staff and found them to contain

the documentation and information required by Schedule 2 of the regulations. There was evidence of An Garda Siochana vetting for the staff whose files were reviewed. The person in charge confirmed all staff working the centre also had vetting. The provider ensured references for new staff were verified.

All nurses had up-to-date personal identification numbers that confirmed registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2016.

There was a detailed induction programme for new staff, which included training and policy overviews. Appraisals were carried out for all staff on an annual basis.

The inspector reviewed training records. A training matrix illustrated the training attended and when mandatory training was due for renewal. The records confirmed that staff had up-to-date mandatory training in fire safety, safeguarding and in manual handling. Other training completed by staff included dementia care, medication management, infection control, food safety, and restraint practice.

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:

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Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

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

Provider's response to inspection report[1]

Centre name:	St. Attracta's Nursing Home
Centre ID:	OSV-0000386
Date of inspection:	29/11/2016
Date of response:	09/01/2017

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 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The enabling function was not always recorded in the sample of restraint records reviewed.

1. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the

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

website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
We have conducted an internal review of the restraints register which now reflects in all cases where enablers are used.

Proposed Timescale: 09/01/2017

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some risks were observed which had not been adequately addressed.Protective equipment such as rubber gloves were stored in some bathrooms which were accessible to residents with dementia and could cause a resident to choke and there was a raised lip on one exit door leading from the snug which could cause a resident to trip.

2. Action Required:
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
The current risk management policy includes a comprehensive list of hazard identification and assessment of risks. The risk register includes risk assessment of the above identified items relating to storage of PPE and the raised lip on the exit door. We will conduct a review of this risk management policy and these listed risks to re-confirm ongoing compliance with Regulation 26(1) of the 2013 Care & Welfare Regulations.

Proposed Timescale: 30/01/2017

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:
Some care plans required review to ensure they provided person centre interventions to guide staff.

Some daily care records were clinical in nature and did not give a holistic account of the residents' health and social needs.

3. 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 person in charge has reviewed all care plans and is satisfied that at all material times care plans, based on the assessment referred to in Regulation 5(2) of the Care and Welfare Regulations 2013, are prepared no later than 48 hours after the admission of residents to the centre. Nurses have been educated to utilise person centred language when completing care plans and daily care records.

Proposed Timescale: 12/01/2017

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:
One bedroom was shared by three residents so did not have sufficient space to afford each resident privacy and dignity.

The communal space available to residents in the snug area was limited with no separate dining room available for residents with dementia.

4. 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:
The Registered Provider submitted to the Chief Inspector on 13 October 2016 plans for the nursing home extension which set out the planned reconfiguration of the relevant bedroom and snug area of the nursing home to ensure continued and ongoing compliance with the applicable legislation and regulations, to include Schedule 6 of the Care & Welfare Regulations 2013 as inserted by the Minister for Health in June 2016. The Registered Provider envisages that the planned reconfiguration of the centre will be completed before the end of May 2017.

Proposed Timescale: 30/05/2017