

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Queen of Peace Centre
Centre ID:	OSV-0005506
Centre address:	Garville Avenue, Rathgar, Dublin 6.
Telephone number:	01 497 5381
Email address:	spcqueen@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Orwell House Limited
Provider Nominee:	Peter Jones
Lead inspector:	Helen Lindsey
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	44
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 following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 June 2017 10:00 To: 20 June 2017 14:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection was carried out to review the service provided in the centre after a new provider took over the running of the centre in February 2017. They had also made an application to increase the number of places in the centre from 45 to 46.

The inspector reviewed outcomes that directly impact on the resident experience in the centre. High levels of compliance were identified 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.

Residents' health and social care needs were being met by a staff team who knew the residents well and had relevant training and appropriate skills. Residents who spoke with the inspector said they felt well supported and safe in the centre. Residents were seen to be enjoying spending time in different parts of the centre including the recently improved gardens. There were a range of activities for residents to take part in, and arrangements for visitors followed the preferences of residents.

A review of residents' health and social care records showed they had access to relevant health care services, and assessments and care planning were based on evidence based practice.

Governance and management arrangements were in place and were seen to be effective in ensuring the service provided was safe and met the needs of the residents. There was a program of meetings to review the results of weekly monitoring of clinical care needs and the results of audits to ensure the provider was assured the standards in the centre were maintained.

The provider had applied to change the use of one room in the centre from an office back to its original purpose as a bedroom. The statement of purpose had been altered to reflect the new bedroom and to state it is only available to a resident who is fully ambulant.. This matter was reviewed during the visit.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

This was the centre's first inspection by the Authority.

Findings:

There were effective management systems and sufficient resources in place to ensure the delivery of safe, quality care services.

There was a clearly defined management structure that identified the lines of authority and accountability. Those spoken with during the inspection were clear of their roles in the structure and the process for raising any concerns identified and any areas identified for improvement.

Initially when the provider first took over the running of the centre there were weekly management meetings that covered topics such as health and safety matters, incidents, complaints, clinical care, safeguarding and any human resource issues. As the transition to new systems and processes has gone well the meetings are now being held every two weeks with the provider, person in charge and other senior managers in the centre.

The person in charge was gathering information for the management meeting on the topics listed. For clinical care matters they were collecting information on the needs of the residents, and reporting the findings to the group for review. Figures for incidents such as falls, pressure sores and risk of malnutrition were low, which showed good outcomes for residents and effective nursing practice.

There were also regular meetings with the nurses, healthcare assistants and the housekeeping staff to ensure all staff remained up to date with clinical practice, policies, procedures and expected practice in the centre. They could also raise any issues with the person in charge or provider, who were described as being approachable.

Residents' meetings were carried out each month. The inspector read the minutes and noted that residents were given information on a range of subjects including updates

from the management team, structural developments, summary of accidents and incidents in the centre, food and the menu, activities and introducing new residents. Minutes showed that residents feedback was taken on board and changes were made, for example to the menu.

There was no annual review at the time of the inspection as the provider had only been running the centre for four months, but they were aware of the requirement to put one in place to review their annual performance.

As part of the application to increase the bedrooms by one, the provider submitted an updated statement of purpose.

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):

This was the centre's first inspection by the Authority.

Findings:

Residents' wellbeing and welfare was seen to be maintained to a good standard and there was good access to healthcare services.

There was a clear policy and process in place for assessing the needs of residents prior to admission. When a resident arrived at the centre a comprehensive assessment was carried out by nursing staff and then care plans were developed to set out how individual needs were to be met.

The inspector reviewed a sample of care plans covering healthcare needs such as nutrition, continence, mobility, and dementia care needs. They were seen to be person centred provided very clear detail of the care to be provided. The plans included a description of the residents' needs, their abilities in that area, and step by step detail of the support required. Staff were observed to be supporting residents in line with their care plans and knew the residents well.

There was a procedure for reviewing care plans at least every four months or more frequently if the residents' needs changed. For example where residents had been

identified as high risk of malnutrition and a course of treatment was effective and their risk levels reduced. Where residents had dementia care needs, these were detailed clearly. Care plans set out their resident's needs, the goal of the care and support to be offered and how to achieve the best outcomes for the resident.

A range of nursing assessment tools were being used to support staff in monitoring residents needs. They included tools to monitor the risk of weight loss, falling, developing pressure areas and changes in cognitive skills. Staff fed back that these were very effective in supporting them to respond to residents changing needs, and supported a view of resident's conditions over a period of time.

The senior nurses monitored all of the resident's records and ensured all of their needs were being met. The person in charge oversaw the clinical effectiveness of the support residents were receiving. This system was working well to ensure a good standard of care and support for residents in the centre.

Residents had the choice of GP and pharmacist. Clinical notes showed that residents received medical support as required and could access a GP by appointment or out of hours if needed. A range of allied professionals were available to assess resident's needs including a dietician, speech and language therapist, and physiotherapist. Any recommendations made had been recorded and included in residents care plans, for example where a modified diet was recommended for a resident it was clear in all records what type of diet was required.

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):

This was the centre's first inspection by the Authority.

Findings:

Arrangements were in place to consult with residents in the organisation of the centre and there was opportunity to participate in meaningful activities.

On the day of the inspection residents were seen to be enjoying the gardens that had been recently enhanced with a wide path around the sides, a large seating area, and

other smaller seating areas at intervals along the walled gardens. Throughout the inspection residents and relatives commented on how positive the improvement of the gardens had been.

There was a schedule of activities in the centre seven days a week. It included gentle exercise classes, arts and crafts, musical entertainment, Bridge, knitting, baking and Sonas.

There was a regular reading of Mass and the Rosary in the centre in the oratory. If residents had other religions they could be supported to worship as suited them.

There were regular residents' committee meetings. The most recent was in June 2017. The person in charge chaired the meetings each month and used them as an opportunity to keep residents up to date on the developments in the centre. The topics covered included a management overview (HIQA reports, structural plans, management team). An overview of accidents and incidents in the centre was given to residents to support them to have knowledge about most common cause of falls for example. The person in charge reported this had a positive impact on reducing the levels of falls in the centre. Food and catering, activities and introduction of any new residents were also covered at each meeting. Actions from the meeting were allocated to a named person and feedback was provided at the next meeting.

Residents were seen to be making choices about how they spent their time in the centre. There were a number of residents with visitors. They confirmed visiting arrangements were flexible and in line with the residents wished. There were signs around the centre to explain protected meal times where visitors were asked to avoid visiting at mealtimes, but this was also flexible. Residents were using different communal areas in the centre, and staff were supporting people either on a one to one basis, or working with small groups.

In the dining room, there were menus on tables with pictures of the meal being served. Staff were heard discussing residents preferences for portion size, and each resident was served vegetables of their choice from the selection available at the table by a staff member.

Information was displayed in the centre about how to access advocacy services if residents chose to.

Residents were supported to vote as a polling officer visited the centre. Staff also explained residents had been taken out to a polling station if that was their preference.

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):

This was the centre's first inspection by the Authority.

Findings:

There were sufficient staff with the required skills and experience to meet the needs of the residents who were in the designated centre.

The staffing took in to consideration the layout of the centre. Resident's bedrooms were on the 1st and 2nd floor of the centre, and the dining room and gardens were on the ground floor. The inspector observed that when residents were getting up in the morning there were staff available and providing support to residents, any of whom had chosen to have breakfast in their bedrooms. During lunchtime, some staff remained on the upper floors, and others supported residents in the dining room with lunch. Where residents required support with eating it was provided discreetly by the staff member. Staff spoken with confirmed that they felt resident's needs were met and there were sufficient staff to ensure that happened. Residents spoken with said the staff were very good and came quickly when you called them. The inspector observed staff working with residents and found they knew the residents well, and were engaged in conversation or offering appropriate support.

There were housekeeping, catering and administration staff in sufficient quantities to ensure the needs of residents were being met.

A programme of staff training was provided. The inspector received the system for recording training completed by the staff team and some examples of certificate. This showed that all staff had completed fire safety and recognising elder abuse training. Other courses offered included moving and handling and dementia training. Most of the staff had completed these courses, and more were being run in the centre. Some staff had also completed medication training, CPR and 'supporting residents with behaviour that challenges'.

The management structure in the centre supported effective supervision of the day to day staff team. There were regular staff meetings where clinical care and developments within the centre were discussed. There was also an annual appraisal for each staff member to ensure they were effective in their role and meeting the needs of residents effectively. The person in charge was responsible for the nursing staff. The assistant directors of nursing were responsible for health care assistants, and household staff were supervised by the household manager.

There were effective recruitment procedures in place in the centre. A sample of recently appointed staff was completed and they were found to have all the documents required under Schedule 2 of the regulations. For example Garda Vetting and evidence of relevant qualifications.

All nurses employed in the centre were registered with the Nursing and Midwifery Board of Ireland and records were held in the centre of their registration numbers.

There was one volunteer. They had garda vetting and an agreement in place relating to their role in the centre.

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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