### Health Information and Quality Authority

**Regulation Directorate**

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Shalom Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000094</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Presentation Convent, Kilcock, Kildare.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 628 7285</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:ecarroll@shalomnh.ie">ecarroll@shalomnh.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Presentation Sisters North East Province</td>
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<tr>
<td>Lead inspector:</td>
<td>Leone Ewings</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>31</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 26 January 2018 09:00  To: 26 January 2018 17:00

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

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<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tr>
<td>Outcome 02: Governance and Management</td>
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<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
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<td>Outcome 09: Medication Management</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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Summary of findings from this inspection
This inspection was carried out to monitor ongoing regulatory compliance. The centre is registered to accommodate 33 female residents over 65 years, some of whom may have physical and sensory difficulties. One bedroom is in place to accommodate short-term respite admissions.

The provider had addressed the non-compliances from the last inspection on 30 June 2016. Improvements completed related to documentation, annual report on quality and safety, care planning process and risk management policy. The inspector found that the residents received a good quality service, and had positive feedback about the quality of life living at this centre.

Notifications received were also considered as part of this inspection. There had been no changes in management and governance at the centre notified to HIQA.

As part of this inspection, the inspector met with residents and staff and observed practices and reviewed documentation such as care plans, audits, management
meeting minutes and policies and procedures. The inspector also met the provider representative, person in charge and a representative of the unincorporated body at the centre on the day.

The inspector found that residents were supported by a staff team who knew them well in a warm and welcoming environment. Staff were skilled and experienced in providing health and social care to residents. They had completed relevant training for their roles. All confirmed they were supported by the staff team, good communication took place, with staff who were kind and treated them with respect.

A review of residents’ records showed that relevant assessments were carried and where residents required support, care plans were in place with guidance to staff about how it was to be provided. Overall, staffing in place on the day of the inspection was found to adequate to meet the assessed needs of residents.

The governance and management systems operated in the centre were seen to be effective and provided assurance that the provider and all staff were providing a safe service to residents. Regular audits were carried out by the management team to ensure positive outcomes for residents were being achieved, and if improvements were identified actions were agreed and reviewed. Reviews and requests for feedback, including satisfaction surveys were also carried out with residents and relatives which informed any improvements planned.

The management and staffing team in the centre demonstrated a commitment to ensuring the needs of residents were met through the provision of a quality service that met the regulations and standards. Improvements had been made from the last inspection and all areas of non compliance had been addressed with this inspection finding full compliance against the regulations inspected.
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:
There were effective management arrangements in place to monitor the quality and safety of the service. The provider reports to the Board of Management on a quarterly basis. All clinical risks were reviewed at the clinical health and safety meeting this took place every three months.

The inspector found that there was a clearly defined management structure in place. The organisational structure helped to ensure that staff were clear about reporting arrangements within the centre. The director of services is the provider representative of the unincorporated body. She works full-time and is part of the management team overseeing the operation of the centre. The person in charge (PIC) also works full-time at the centre. Residents and staff told the inspector that they were clear about who to raise any issues with and that the person in charge and senior staff were approachable and available to them. Residents also had opportunities to use a comments box, and a catering feedback form for their requests to be considered. The person in charge was supported in her role by an experienced deputy manager, with adequate management time to undertake her specific supervisory roles and audits.

The inspector found that the care and services provided were found to be in line with the centre's statement of purpose. Systems were in place helping to ensure monitor that safe and effective care was provided. Monitoring systems included health and safety and risk management processes and an audit programme the outcomes which were discussed at management meetings.

Audit documentation reviewed by the inspection team showed that information was gathered about practices in the centre, and was used to identify areas for improvements and staff training needs. Audits completed included falls prevention, medications, care plans, wounds and pressure ulcers, nutrition and accidents and incidents.
The annual review of quality and safety, and quality of care report for 2017 was reviewed prior to this inspection. This report was completed with detailed feedback and input of residents and relative and was reflective of inspection findings within this report. For example, good progress in implementing the audit plan and improvements around care plans.

Clear management oversight and governance of the complaints process was evidenced in terms of record-keeping and ensuring feedback, compliments and complaints inform service improvements. Residents told the inspector they could talk to the person in charge or pastoral care leader if they had any concerns or complaints.

**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 nurse and works full-time within the centre. The fitness of the person in charge was assessed previously and she was deemed to have the required knowledge and experience to hold the post of person in charge.

She was knowledgeable about each residents nursing and social care needs, and had been working at the centre for 22 years. She clearly demonstrated a commitment to person-centred care practices and professional development.

**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 inspector was satisfied that the records as listed in Part 6 of the Regulations were maintained in a such manner so as to ensure completeness, accuracy and ease of retrieval. Overall, a satisfactory standard of record-keeping could now be evidenced throughout the inspection. The provider had addressed the actions from the last inspection in full, and the records of the fire drills now included more detail and recorded the time taken to evacuate each zone.

The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations. Improvements in updating of policies including the risk management policy and safety statement had been implemented, and dates for review of policies were in place.

A sample of three staff files was inspected and all were found to contain all documentation as required in Schedule 2 of the Regulations.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property.

A directory of residents was maintained which contained all of the matters as set out under Regulation 19.

### Judgment:
Compliant

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### 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:
The inspector found that systems were in place to protect residents being harmed or suffering abuse. There was a policy to guide staff and they received appropriate training and refresher training. There was an environment which promoted residents' rights in place. Residents were supported to maintain their independence.

The centre was guided by policies on the protection of vulnerable adults in place and policies read were updated to reflect the Health Service Executive policy and procedures "Safeguarding Vulnerable Persons at Risk of Abuse". This policy had been reviewed and updated in 2017.

There was regular staff training in the protection of vulnerable adults. Staff spoken to were knowledgeable of the types of abuse and the reporting arrangements in place. The person in charge was aware of the requirement to notify any allegation of abuse to HIQA. No reports had been made since the time of the last inspection in 2016.

The inspector spoke to a number of residents who said that they felt safe and secure in the centre.

A policy on the management of challenging behaviours that guided practice was in place. A small number of residents presented with behaviours associated with dementia and cognitive difficulties. Overall, the residents were well supported and positive behavioural plans were in place. The inspector found evidenced-based tools were utilised to monitor behaviours where required. Staff were familiar with the residents and understood their behaviours, what triggered them and the least restrictive interventions to follow. There was an good awareness by staff of the symptoms associated with dementia, and any changes in behaviours due to infections or acute illness.

There was a separate policy on the use of restraint which reflected the national policy "Towards of Restraint Free Environment". The person in charge confirmed that a restraint-free environment was in place and no bedrails were in use at the time of this inspection. Nonetheless a system was in place that ensured that a detailed risk assessment took place, with alternatives trialled prior to the use of bed rails or any restrictive practice.

The inspector was informed that the provider was not involved with managing pensions.

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:
The provider had addressed the action plans from the last inspection. The centre now had policies and procedures relating to health and safety within the centre. There was a health and safety statement reviewed in 2017. The centre has a revised risk management policy last reviewed in 2017 that includes items set out in Regulation 26(1). The centre had a up-to-date risk register that is kept under full review by the provider. The register identified any areas of risk within the centre and the control measures in place to minimise or mitigate any risk to residents.

Arrangements are in place for investigating and learning from serious incidents/adverse events involving residents. The inspector reviewed the incident/accident log. The person in charge carries out a monthly analysis of all incidents and all incidents are individually risk rated and signed off by her, with any relevant clinical or environmental follow-up in a timely manner. For example, referral and supports of a physiotherapist or referral for specialist equipment or multi-disciplinary meeting.

Arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had access to personal protective equipment such as aprons and gloves, hand washing facilities and hand sanitisers on corridors. Staff were seen using these facilities between resident contact. Signs were on display to encourage visitors and staff to use the hand sanitisers. Household staff spoken to were knowledgeable on the system in place to ensure that the cleaning regime minimises the risk of cross infection. The cleaning schedule included the routine daily chores but also contained detail of a deep cleaning schedule. The standard of cleanliness throughout the building was found to be satisfactory.

Suitable arrangements were in place in relation to promoting fire safety. Fire safety and response equipment was provided. The fire alarm is serviced on a quarterly basis and the fire safety equipment is serviced on an annual basis. Fire exits were identifiable by clear signage and exits were unobstructed to enable means of escape. Signage and maps outlining each zone were displayed throughout the building to guide residents, staff and visitors.

All staff had received annual fire training, and were familiar with the contents of the emergency plan. In addition staff spoken to were knowledgeable about fire safety and evacuation procedures. A detailed risk assessment was in place for fire safety at the centre, and each resident had a personal evacuation plan in place. For example, all residents had suitable equipment to aid any possible evacuation from the centre was available. The inspector found that the records of fire drills had improved since the time of the last inspection and fire simulation fire drill was carried out on a monthly basis. Maintenance of the records of emergency lighting was viewed by the inspector.

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 was satisfied that residents were protected by the designated centres’ policies and procedures for medicines management. The medicines policy reviewed had been updated in March 2017 and informed and guided staff in evidence-based practice.

The inspector reviewed a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Medicines that required crushing were prescribed as requiring same. Residents medication records also contained records of any communication with the pharmacist. For example, staff requesting specific guidelines and information on the preparation of medication had been provided with clear directions on how to prepare, dissolve and administer the medication.

The inspector reviewed practices around medications that required strict control measures (MDAs). These medications were kept in a secure cabinet in keeping with professional guidelines and nurses maintained a register of these medications. Records demonstrated that the stock balance was checked and signed by two nurses at the change of each shift. The inspector observed a nurse administering medication to a number of residents. Medications were kept in a locked treatment room, and only nurses can administer medication to residents. Inspectors found that staff adhered to appropriate medicines management practices. Community retail pharmacy supports were well established and located close to the centre. Processes in place for handling medication were safe and in accordance with current guidelines and legislation.

At the time of this inspection, no resident was self administering medication. However, systems were in place to support residents that may choose to self administer and assessments were in place to enable staff to support residents who wished to self administer.

Systems were in place for reviewing and monitoring safe medication management practices. Medication audit was completed by the person in charge, and any actions generated from audit finding were communicated to staff to improve practice. The most recent audit report available had taken place on the week of the inspection. Nursing staff were up-to-date with medicines management and all nurses had evidence of attending refresher training.

**Judgment:**
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:
Each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care. The actions following the last inspection had been addressed in full and the arrangements for care plan reviews in consultation with each resident and/or their representative were clearly outlined in the documentation reviewed. Each nurse has allocated responsibility for four residents including the person in charge.

The inspector saw evidence that residents received appropriate medical and allied health care without delay. Residents were seen by their General Practitioner on a frequent basis and had their medicines reviewed. They also had access to an optician, dentist, tissue physiotherapist and chiropodist. The nursing and care staff met each day to discuss and communicate the care provided for each resident. Healthcare appointments were organized and facilitated. For example, dental treatments, outpatients follow up in local hospitals.

A sample of residents' documents were reviewed by the inspector. Residents had a comprehensive written assessment completed on admission and these were reviewed on a four monthly basis. Each need identified on assessment had a care plan in place to reflect this need. These records were been audited on a frequent basis and it was evident that recording practices reflected a person-centred approach with details gained from each individual assessment completed.

There was a variety of activities for residents to enjoy. These included personal and group activity. Music, art, flowers and craft therapy were part of the activities planned. A physiotherapist was available for three hours a week to support mobility and more frequently when required. Residents had access to communal spaces and enjoyed their pastimes in a calm, relaxing environment. Activities specifically meeting the needs of residents' with dementia were reflected on the schedule on display. Residents' had access to an enclosed secure garden which contained points of interest for walks and seating. Wifi was available throughout the centre and residents had access to radio, television and computer if required.
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):
No actions were required from the previous inspection.

Findings:
Residents were consulted with and participated in the running of the centre. Residents’ rights were respected and their independence promoted in line with the statement of purpose and ethos of the centre. There were residents’ meetings held on a monthly basis in the centre. The residents operated a residents committee meeting where the provider and person in charge could attend by invitation. The meetings acted as a forum to facilitate residents to raise any issues or suggestions they had to the management. Issues discussed included suggestions about food, activities and planning and accommodation.

The inspector observed that residents’ independence was promoted as part of the ethos of the centre.

There were satisfactory systems in place to assist residents to communicate. For example, easy reader computer software for residents with visual difficulties.

Residents and relatives confirmed to the inspector a variety of pastimes, individual and group activity was available. Some planned sessions of SONAS (a communication sensory therapy) took place. Each resident’s preferences for pastimes and activity was assessed as part of an individual assessment, and all suggestions were acted upon. Family celebrations, birthdays and other occasions were planned for and residents told the inspector they enjoyed having meaningful things to do. There was an activities plan in place at the centre with planned outings. For example, a tea dance and attending choir in Maynooth.

Residents’ religious needs were well met with daily Mass held in the chapel in the centre. There was also a system in place where the televisions in each room was linked to the Mass in the chapel for those unable to attend in person. The centre is located close to the local parish church and and residents are involved in community activities.
Voting in elections or referendums was facilitated with all residents registered to vote in the centre and a polling station would be set up there.

Visiting was encouraged, all visitors signed in at reception, and could access refreshments in the parlour room. There was access to an independent advocacy service in the centre, contact details were displayed in the front reception area.

All residents had access to a telephone, television, Skype, radio and newspapers.

There was a written complaints policy and procedure that guided the management of complaints in the centre. The complaints procedure was displayed in the reception area and it included an appeals process.

Judgment:

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:
There were appropriate staff numbers and skill mix to meet the assessed needs of the residents, and to the size and layout of the designated centre. The centre had robust recruitment procedures in place and satisfactory Garda Vetting disclosures were available for the last three staff members employed prior to commencing working at the centre. Staff turnover was found to be low.

All staff were friendly and aware of the line management system and who to approach should they require support or advice in their day to day work. Feedback received from residents confirmed that staff at the centre were attentive and met their needs in respectful manner. The inspector interviewed a sample of staff on duty to confirm training received and their knowledge of their duties.

Staff spoken to were aware of residents' needs and they were knowledgeable about
individual residents and assessed care plans in place. They were observed interacting respectfully and provided person-centered care. The inspector reviewed the roster which reflected the staff on duty. Resident dependency was assessed using a recognised dependency scale and evidence provided that the staffing rosters were adjusted accordingly.

All registered nursing staff had current registration with Bord Altranais agus Cháimhseachais na hÉireann (Nursing and Midwifery Board of Ireland). The person in charge and provider promoted continuous professional development for staff. Staff were provided with training to meet the specific and changing needs of residents. A broad range of training had been provided to staff such as falls prevention and management and nutrition, and managing and responding to any challenging behaviours. All mandatory training as required by the regulations was completed. A training plan was in place with further training on diabetes and records management.

Staff spoken with all reported that they felt well supported and supervision was provided to all staff. Communication with management and staff meetings took place in an open and supportive environment. Staff and nurses meetings took place on a regular basis to promote good practices. A well established system of staff appraisal was in place with each staff member appropriately supervised.

No volunteers worked at the centre, management were aware that any volunteers should be vetted and supported in line with regulations.

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:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority