

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St Mary's Home
<b>Centre ID:</b>	OSV-0000103
<b>Centre address:</b>	Pembroke Park, Ballsbridge, Dublin 4.
<b>Telephone number:</b>	01 668 3550
<b>Email address:</b>	admin@stmaryshome
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	St. Mary's Home Pembroke Park Association
<b>Lead inspector:</b>	Helen Lindsey
<b>Support inspector(s):</b>	
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	26
<b>Number of vacancies on the date of inspection:</b>	5

## 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: 29 January 2018 10:30 To: 29 January 2018 17:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This was an announced inspection by the Health Information and Quality Authority [HIQA]. The inspection was carried as part of the process of gathering information to inform the renewal of the certificate of registration.

Inspectors identified high levels of compliance with the Health Act 2007 [Care and Welfare for Residents in Designated Centres for Older People] Regulations 2013 [as amended].

During the inspection residents, family and staff members were met. Practices were observed and documentation such as policies and procedures, care plans, medical records and records from allied health professionals was reviewed. 23 copies of the HIQA questionnaire were returned. There was overall good feedback about the service being provided with particular praise for the staff and visiting arrangements. Suggestions for improvements were linked to preferences for en suite bathrooms and more conversation to be encouraged at meal times.

Residents were seen to receive effective care and support from a staff team who knew them well. The number of staff and the skill mix was appropriate to meet the needs of the residents using the service. There was good access to health care services, and where residents needs changed the staff took appropriate action to ensure the relevant people were contacted, for example the general practitioner (GP) or dietician.

There was a range of activities taking place in the centre that residents said they enjoyed. There were also trips out to special events and local places of interest. Residents confirmed they felt their rights were respected and they were able to make choices about how they spent their time.

Clear governance and management arrangements were in place. The management board met regularly to review the ongoing practice in the centre and any improvements required. The management team in the centre reviewed residents care through completing audits, and reviewing clinical information about care needs. Evidence was seen through the inspection that where improvements were identified as being required steps were taken to achieve the required outcome.

One area for improvement was identified during the inspection relating to residents finances. This is discussed further in the report and in the action plan at the end of the report.

The three actions from the previous inspection had been addressed.

**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:**

The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the Regulations. However one room had been altered from a bedroom to a shower room, so the number of places in the centre had reduced by one. The statement of purpose required updating to reflect this.

**Judgment:**

Substantially Compliant

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Effective management systems were in place to ensure the delivery of safe, quality services.

There was a clearly defined management structure that identified the lines of accountability. The management arrangements were clearly set out in the statement of purpose.

There were sufficient resources to ensure the effective running of the centre, for example the premises were being well maintained, staffing levels met the needs of the residents, and there were a range of activities and pastimes available for residents with staff to plan and deliver the service.

There were formal systems in place in the centre to ensure that the service provided was safe, and met the needs of the residents. For example there were monthly management meetings, and minutes seen by inspectors showed that they covered issues in relation to the residents, staffing, mealtimes and the premises. Audits were completed on areas such as manual handling, nutrition and wound care. Where it was identified improvements were needed there was an action plan with names allocated to the tasks. Inspectors saw evidence in the areas identified.

There were also regular meetings with the management board where issues directly relating to the running of the centre were discussed, and plans for the future were being agreed.

A survey of residents' views was undertaken the previous year. The findings showed residents were overall satisfied with the service. Residents who spoke to the inspector during the day confirmed this.

An annual review had been completed against the national standards for 2017; including an action plan for where it was identified improvements could be made.

**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 was experienced, suitably qualified and demonstrated good knowledge of the regulations and standards. They worked in the centre full time, and were supported by a clinical nurse manager and a team of staff nurses.

They were very familiar with the residents in the centre, and also the governance and management arrangements in place to ensure the service was run in an efficient way to meet the residents' needs.

**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 measures in place to protect residents from being harmed or suffering abuse, and to promote resident's safety. However improvement was required where the provider acted as a pension agent.

There was a policy and measures in place for the prevention, detection and response to abuse of residents. Staff spoken with knew who to report any concerns to and what actions to taken to ensure residents were protected from harm. Training records confirmed all staff had received training in how to safeguard residents. Residents reported to the inspector and in the HIQA questionnaires that they felt safe in the centre and that the staff team were very supportive.

There was a policy in place covering the management of responsive behaviour. Where residents had support needs in relation to responsive behaviour care plans were very clear about how the resident responded in different circumstances, and how best to support them and keep their anxiety levels low. Where necessary there were links with the local geriatrician and psychiatric services.

There was also a policy on restraint use, and it was noted the use of restrictive practice in the centre was reducing, for example the use of bedrails. Where restrictions were in place there was a clear record of the decision making process including other less restrictive measures trailed. Decisions were also reviewed regularly to ensure they remained the least restrictive option available.

There were clear records for finances in the centre. However, where the provider was acting as a pension agent it was noted the pensions were going in to a business account. To meet with guidance issued by the department of social protection resident funds should go to a resident account prior to fees being taken.

**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):**

No actions were required from the previous inspection.

**Findings:**

Health and safety of residents, staff and visitors was being actively promoted and protected. Improvement was required in relation to storage around fire exits.

There were policies and procedures in the centre to manage risks. This included an up to date safety statement, risk management policy, and an emergency plan for the response to major incidents. There was also a procedure in place for managing and responding to accidents and incidents. An example of an investigation was seen and it was found to have a clear methodology and outcomes.

There was a risk register that set out any hazards identified, who was at risk, and any agreed control measures. They were seen to be reviewed and updated as the identified risks changed.

Procedures for infection control were seen to be in line with national guidance. There were arrangements for management of clothing and bedding, and also personal protective equipment available through the centre such as gloves and aprons, hand gels and sinks for hand washing.

The fire procedures were displayed through the centre, and staff who spoke with the inspector were familiar with what to do in the case of a fire. All staff had completed fire safety training. Regular drills to practice different scenarios were carried out. They were completed weekly and included a review of policy as well as practicing evacuation procedures. One had been completed simulating a night drill. The centre was compartmentalised through the use of fire doors on magnetic self closing mechanisms. A recent change was clear in the policy and staff were clear of the steps to take.

Regular checks of equipment and fire safety arrangements were being carried out. The service records for fire equipment confirmed that they were being serviced on an annual basis. The fire alarm and the emergency lighting had also been serviced on a quarterly basis. Fire extinguishers were being replaced where they were reaching their expiry date. There was also a check of any fabrics and upholstery to ensure they remained in good condition.

The centre had a sufficient amount of fire equipment and fire exits were clearly marked.

**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):**

**Findings:**

Residents were protected by the designated centres procedures for medication management.

There was a medication management policy in place which provided guidance to staff to manage aspects of medication including prescribing, storing and administration. Practice was observed and seen to be in line with An Bord Altranais agus Cnáimhseachais guidelines.

Staff spoken with were clear of the arrangements in place for safe administration of medication including controlled drugs. Nurses kept a register of controlled drugs and the balance was checked by two nurses at the change of each shift. The inspector checked an example and found the record and medication to be correct.

The medication records clearly showed the medication to be administered including any specific instructions. The drugs were seen to be administered within the prescribed timeframes. There was space to record when a medication was refused or withheld on the administration sheet.

All medicines were being stored safely and securely and the medication trolley was locked when not in use.

There was a clear process in place for the receipt of medication in to the centre, and the return of any unused medication to the pharmacy. Staff spoken with were clear about the process and showed how it was put in to practice.

There was a system in place for the monitoring and review of medication practice in the centre. Recent audits showed good practice on both floors.

**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.***

<p><b>Theme:</b> Safe care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> It was noted that one incident that was required to be notified to HIQA within three days had not been sent in. It was discussed with the person in charge who submitted the information immediately and understood the requirement for all incidents of that nature to be sent in to HIQA in future.</p>
<p><b>Judgment:</b> Substantially Compliant</p>

*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.*

<p><b>Theme:</b> Effective care and support</p>
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<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> Residents' health and social care needs were being met by a good standard of nursing care.</p> <p>A pre-admission assessment as part of the admission process to ensure residents needs could be met. Selections of resident's records were reviewed and they were seen to include a comprehensive assessment carried out by the nursing staff, and care plans in place for each identified need. Care plans were person centred and provided information for the staff team on the resident's needs, preferences for care, and their preferred routines. Staff were seen to be implementing the care plans in practice. For example some residents liked to have a rest after lunch and were supported to do so. There was also information about resident's lives and achievements.</p> <p>Where residents had specific healthcare needs there were clear instructions on how it was treated and managed. There was also information available about what to do if the resident's presentation changed, for example if they had catheter that was not working effectively.</p>
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A range of nursing tools were available to support staff in reviewing residents care needs, they were reviewed every four months. They included processes for assessing whether residents were at risk of incidents such as falls, malnutrition or weight loss, pressure areas and changes in cognitive ability.

Residents had access to a range of healthcare professionals including physiotherapist, chiropodist, speech and language therapy, dentist and a general practitioner (GP). Referrals to healthcare professionals were seen to be made in a timely way when a need had been identified, this included to the GP.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also when resident's returned to the centre, for example from hospital, there was a clear summary of their needs and guidance on any interventions needed.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**

Effective care and support

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

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

**Findings:**

In response to findings on the previous inspection signage throughout the centre had been improved, for example signs visible down the corridor to mark where toilets and bathrooms were located. There was also ongoing painting to ensure the centre suitably decorated.

**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):**

No actions were required from the previous inspection.

**Findings:**

Residents were consulted on the organisation of the centre, and that their privacy and dignity was respected.

The person in charge explained that the residents did not want to set up a residents committee but were happy to give feedback on the provision of the centre when asked. There had been meetings in relation to the future of the centre, and residents were given information about how the service was operating. Residents who spoke with the inspector during the inspection felt their needs were being met. A number of HIQA questionnaires were completed providing feedback on areas of service such as the staffing, activities and mealtimes. Overall feedback was positive and they confirmed their rights were respected.

During the inspection residents were seen to be spending their time how they chose. A number of different activities were available through the day and the inspector observed staff checking with residents if they wanted to attend and activities staff waited for those they knew liked to attend.

Advocacy services were available in the centre, and examples were given where they had supported individual residents.

Residents confirmed that their religious and civil rights were supported. There was an chapel in the centre that was used daily by residents. Services were read by local clergy, and some residents visited a local church.

Most residents had single rooms at the time of the inspection. The two people sharing a room had adequate screening to safeguard their privacy.

Residents could meet with family and friends in private, and at times that suited them. Visitors were seen coming and going through the course of the inspection, and residents confirmed visitors were welcomed and offered 'tea and cake'.

The mealtime was seen to be a pleasant social experience for residents, and those spoken with said they found the food of a good standards, with drinks and snacks being available as required. The meals were provided by an external company and regular meetings were held with them to ensure the menu and quality of meals met the residents' expectations.

**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):**

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

**Findings:**

There were appropriate staffing levels to meet the needs of the residents, and effective recruitment arrangements were in place.

The inspector observed practice, spoke with residents and staff, and also reviewed records to confirm there were sufficient staff to meet the needs of the residents. There were a range of management staff, nursing staff and healthcare assistants that provided the range of skills necessary in order to meet the resident's needs. The roster was available in planned and actual format and reflected the staff on duty.

A training record was maintained that showed all staff had completed training in fire safety, manual handling and safeguarding of vulnerable adults. The record showed that some staff had undertaken other training including infection control including hand hygiene, risk assessment and basic first aid.

Arrangements for the supervision of staff were in place. There was an induction for new staff members that covered the policies and procedures for the centre. The nurses provided oversight of care standards, and the clinical nurse manager, and director of nursing carried out a range of reviews of practice, and gathered information from residents on their experience of living in the centre.

A recruitment policy in line with the requirements of the regulations was implemented in practice and a review of a sample of staff recruitment files found that all were complete. Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff.

Each volunteer had a description of their role in place, and Garda vetting.

**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:***

Helen Lindsey  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	St Mary's Home
<b>Centre ID:</b>	OSV-0000103
<b>Date of inspection:</b>	29/01/2018
<b>Date of response:</b>	15/02/2018

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Statement of Purpose

#### Theme:

Governance, Leadership and Management

#### **The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

The statement of purpose required to review to ensure the number of bedrooms available was reflected correctly.

#### **1. Action Required:**

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

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

Number of bedrooms is now reduced from 31 to 30. This has been changed in the Statement of Purpose and the floor plan.

**Proposed Timescale:** 15/02/2018

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

The arrangements in place for when the provider acts as an agent for residents' pensions required review to afford greater protection of residents' finances.

**2. Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

We are in the process of setting up the residents' account with our bank. As part of this process we will require Central Bank authorisation. It is expected that this course of action will be completed by end of March 2018.

Proposed Timescale: 4-6 weeks

**Proposed Timescale:** 31/03/2018

**Outcome 10: Notification of Incidents**

**Theme:**

Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

All incidents set out in regulation 31(1) schedule 4 must be notified within three days.

**3. Action Required:**

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

One incident of complaint alleging abuse has now been reported to HIQA on an NF06 form. In the event of future similar allegation all incidents will be reported to HIQA within 3 days as required.

**Proposed Timescale:** 15/02/2018