<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St David's Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000391</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Gentian Hill, Knocknacarra, Salthill, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>091 525 358</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:davidsnursinghome@hotmail.com">davidsnursinghome@hotmail.com</a></td>
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<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Monica Browne</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Monica Browne</td>
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<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</td>
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<tr>
<td>Support inspector(s):</td>
<td></td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>14</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 05 October 2017 09:00  To: 05 October 2017 19:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 03: Information for residents</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Compliant</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre.

St. David’s Retirement Home accommodates fifteen residents who need long-term, respite, convalescent or end of life care. It is situated in a residential area a short drive from Salthill. The centre is a two story building and there is stair lift access to
the upper floor. Accommodation for residents is provided in 15 single rooms that are located over both floors. The centre provides a comfortable and homelike environment for residents. There is appropriate communal dining and sitting space on the ground floor to meet residents’ needs. While the centre has been well converted to its present function, the narrow hallway from the entrance to the communal areas has to be managed carefully where residents have mobility problems to ensure residents’ safety. An outdoor area is available and residents said that they enjoyed being out as they have a view of the sea. The premises were noted to be clean, warm and maintained in good decorative condition. There were dementia friendly design features that contributed to quality of life and improved accessibility for people with dementia. These included signage to indicate the location of toilets for example.

The person in charge who was appointed to this role in December 2016 fulfilled the criteria required by the regulations in terms of her qualifications and experience. The provider representative has an active daily role in the centre and there was an adequate complement of staff available during the day and night to provide care to residents. Training on topics relevant to care practice and health and safety had been provided for staff.

Residents confirmed that they were well cared for and said that staff were readily available when they needed assistance. Residents had good access to general practitioner, primary care services and to allied health professionals. They said that they saw doctors and other professionals regularly and could go out to the local clinics and doctors’ surgeries that they were familiar with if they wished. Regular checks of vision and hearing were also arranged.

There was a varied activity programme that included music sessions, discussions, outings and quizzes. It was reviewed and changed in response to the views and the changing needs of residents. The standard of catering was described by residents as very good. Food was noted to be attractively presented and meal times were well organized with plenty of time allowed for social interaction. The staff team used minimal restraints and very few bedrails were in use. Residents were free to come and go according to their wishes and capacity and many used community facilities throughout the week and visited friends regularly. Residents and relatives confirmed that they were provided with detailed information about the centre before they moved in and said that staff completed assessments prior to admission. Prospective residents were offered the opportunity to visit the centre before making a decision to move there where this was practical.

Residents and relatives provided feedback on the service during conversations with the inspector and in feedback questionnaires. The inspector was told by residents that they had choices about how they spent their days. They said they could choose when they got up and went to bed and if they wished to take part in activities. Staff could describe residents’ daily routines, the activities they preferred and their likes and dislikes. Residents and relatives said that staff were accessible and attended to their needs promptly. They also said that any concerns or worries they had were addressed by staff when brought to their attention.
The last inspection of the centre was an unannounced thematic inspection that focused on dementia care. It took place on 14 June 2016. Standards of care were found to reflect good practice standards and there was a varied programme of social activities. There were 12 action plans identified for attention and these related to improvements to documentation including contracts of care, training records and complaints and fire drills. There was also a deficit in the call bell provision in the dining room. These areas were reviewed under the related outcomes and found to have been addressed.

The action plan at the end of this report describes three areas of non compliance noted during this inspection and where improvements need be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The areas where improvements were required include care plans where information was repetitive, the information provided in the contracts of care which was inadequate and information to guide staff should a resident be missing from the centre.
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 accurately described the services and facilities provided at St. David’s. It required revision to include the conditions of registration that apply.

The person in charge and provider representative said they took care when completing assessments and answering enquiries to ensure that the service could meet the needs of prospective residents.

A copy of the statement of purpose was available in the centre and a copy had been forwarded to HIQA with the registration renewal application.

**Judgment:**
Substantially Compliant

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**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:
The governance arrangements in place reflected the information supplied in the Statement of Purpose. The provider representative, person in charge and nurses have an established structure for the operation and management of the centre. Staff confirmed that there was a good communication network between them and the provider representative and all staff were found to be well informed about the aspects of the service they had responsibility for and residents’ care needs.

The inspector found sufficient resources were in place to ensure that the delivery of care and the business of the centre met appropriate standards of quality and safety. Systems were in place to review the service provided and ensure it continued to meet residents’ changing needs and standards of safety. The health and safety arrangements were found to be generally satisfactory with good standards of cleanliness and hygiene in place, fire safety measures were found to be appropriate and staff were observed to work safely and adhere to safe practice when undertaking moving and handling manoeuvres and in relation to infection control.

There was an ongoing plan for refurbishment and redecoration and all areas viewed were found to be in good condition, decorated to a high standard and attractively furnished. The provider representative had commenced work on reorganising the space available and was creating a new double bedroom area on the ground floor. This was part of a larger plan to increase the occupancy from 15 to 18 to ensure the future viability of the centre.

The quality of care and experience of residents was reviewed regularly. Audits of particular areas of the service that had been completed included the management of infection control, medication arrangements, the general environment and restraint use. Improvements to practice where identified had associated actions such as additional training and supervision of staff to ensure practice reached the required standards. The action plan in relation to this outcome identified at the last inspection was addressed. Audits informed practice and identified improvements and policies such as adult protection had been revised to include national guidance.

There were two ways that residents could convey their views on the service. There were regular residents’ meetings and direct feedback to staff and to the provider representative who had a full time presence in the centre. Residents told the inspector that staff were always interested in their views and encouraged them to describe their feelings in their daily contacts with them. The inspector talked to several residents and they said that the centre was run with their needs the primary focus for staff. They said that they would have no problem raising issues if they wanted changes made. Residents said that they were listened to and that all staff were attentive to their needs.

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.
**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
There was a residents’ guide available and this contained the information required by the regulations. The arrangements for visits, the terms and conditions of occupancy, the services provided and the complaints procedure were outlined. Residents confirmed that they had received a range of information at the time of admission and some said that information had been supplied to family members as they found it difficult to understand the paperwork. Relatives who provided feedback said that they were provided with comprehensive information about the services and facilities prior to admission and had been able to visit the centre, view the layout including bedrooms and talk to staff before their relative was admitted.

Residents were issued with contracts that described the services provided. The inspector viewed a sample of these contracts and found that the majority described the fees payable by residents and extra charges that applied. However not all contracts described services that were not covered by the overall fee. The inspector was told that this was being addressed. Extra charges that may be incurred by residents included services provided by allied health professionals such as chiropodists and physiotherapists. No charges were made for social care activities.

**Judgment:**
Substantially Compliant

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**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 has been in this role since December 2016. She has worked as a member of the nursing team since 2010. The person in charge has a full time role. Residents confirmed to the inspector that they knew the person in charge and said that they talked to her most days and would always be able to see her if they had problems
The person in charge has qualifications in palliative care, gerontology and in management. Her training on the mandatory topics of moving and handling, adult protection and fire safety were in date. There was evidence that she kept up to date with developments in care practice as she had attended courses in dementia care, the management of distressed behaviours and medication management during 2017. Her certification in first aid and resuscitation procedures was valid until 2018.

She is supported by the team of experienced nurses and nurses on duty were found to be knowledgeable about the regulatory process, required notifications and residents’ care needs. All were found to have completed training on the mandatory topics of moving and handling, fire safety and the prevention and detection of abuse.

**Judgment:**
Compliant

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**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:**
There was a well-organised administration system in place to support the business of the centre including the maintenance of the required records, policies and procedures. Records were maintained in a secure manner and were easily accessible.

This outcome was assessed as non compliant at the last inspection as some policies and procedures were noted to require revision to include national good practice guidance. The inspector found that policies and procedures had been revised and now reflected up to date information. The adult protection policy for example referred to and included the latest guidance published by the Health Service Executive on safeguarding and the protection of vulnerable adults. The complaints procedure had been reviewed to include details of the independent appeals process that was available if residents or anyone making a complaint was unhappy with the outcome. The staff rota that was also identified for attention now included codes and information in relation to the varied
shifts worked by staff.

The directory of residents was up to date and included the information required by schedule 3 of the regulations. There was a record of visitors to the centre and this was up to date and visitors were observed to sign in when they arrived and departed.

A sample of staff files were reviewed and were found to have all the required information. There was a record of training completed by each member of staff and confirmation that the required vetting clearances had been obtained.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
Measures to ensure that residents were protected from harm or suffering abuse were in place. The inspector found that there were procedures in place that ensured residents were safe and had appropriate care. Residents’ and relatives’ feedback forms indicated that they felt the centre provided a home that was safe, secure and protected them from harm. During conversations residents said that they felt safe and said this was due to the care provided by staff and the regular presence of the owner who ensures that the centre is managed well and that they have everything they need. An action plan in the last report identified where a protection issue had been managed as a complaint which was not in accordance with evidenced based practice or safeguarding procedures. This was addressed through additional training for staff. No safeguarding issues had arisen since the last inspection.

Staff training records confirmed that all staff had received training /information on adult protection and elder abuse to ensure they could safeguard residents appropriately and protect them from harm and abuse. Staff knew the range of abuse that can occur and could describe how they would report an abuse allegation or event. Relatives said that staff informed them promptly of any falls, injuries or changes in health needs that residents sustained.

Access to the centre was controlled and anyone entering the building had to ring the
door bell for admittance. There was a visitors’ record that enabled staff to monitor the movement of persons in and out of the building which also contributed to monitoring the safety and security of residents. This was noted to be signed by visitors entering and leaving the building.

The centre had a policy on the use of restraint to ensure residents were protected from potential harm and not restricted inappropriately. Staff said they advised residents about the risks associated with restraints such as bedrails as part of their efforts to promote a restraint free environment. There were three bedrails in use and these were in place to prevent falls. Assessments and reviews were undertaken by nurses to confirm their ongoing use was necessary.

There were no residents with fluctuating behaviour patterns consequent to dementia or mental health problems at the time of inspection. Staff had received training on dementia care to enable them to effectively address behaviours associated with dementia should they arise.

**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):**
No actions were required from the previous inspection.

**Findings:**
The health and safety of residents, visitors and staff was generally well managed in this centre. There was a risk management policy available to guide staff practice and this outlined a range of environmental and clinical risks. There were risk management procedures to guide staff on how to address a range of risk situations such as missing persons, emergencies, aggression, violence, self harm.

Clinical risk assessments were undertaken for various risks that included vulnerability to falls, compromised nutrition and skin and pressure area risks. There were measures in place to prevent further risk and to detect change. For example when a fall occurred neurological observations were completed to monitor neurological function and to detect changes expeditiously so that further deterioration could be prevented. The inspector reviewed the assessment and management of falls. Accidents and incidents were recorded and the details recorded included factual details of the accident/incident, date the event occurred, details of witnesses and whether the general practitioner (GP) and next of kin had been contacted.
The inspector reviewed practice in relation to varied health and safety processes. Day to day practice in relation to infection control, moving and handling manoeuvres and cleaning procedures was observed to determine how the procedures outlined for these areas were completed in practice. Staff were noted to adhere to good practice standards in relation to infection control. Laundry was moved safely from bedrooms. Staff were observed to use hand gels regularly as they moved around the centre. All staff the inspector spoke to had appropriate knowledge on hand hygiene and the need for frequent hand washing. Training on this topic had been provided and there were regular audits of hygiene practice. The inspector noted that the audits highlighted where training was required and this was scheduled to ensure safe standards were maintained.

Residents were encouraged to be as independent as possible and there was good emphasis on supporting residents to walk from one area to another and to use the outdoors safely. There was equipment available to support mobility and all residents had their own walking aids which had been assessed appropriate for their needs. There were moving and handling assessments available for residents with mobility problems. All staff had up to date training in moving and handling and in the use of hoists. The layout of the premises over two floors and the chair lift access to the upper floor was fully considered when residents were assessed prior to admission and throughout their stay. All residents on the upper floor were able to use the chair lift either with support from staff or independently the inspector was told.

The inspector viewed the fire training records and found that staff had received fire safety training and this was confirmed by staff. Staff spoken to knew what to do in the event of a fire. There were fire safety action signs on display throughout the building with route maps to indicate the nearest fire exit. Fire drills and fire training exercises were completed regularly and recorded. The inspector saw that recent fire drills were completed on 1 and 30 September 2017. Varied scenarios were enacted during fire drills including the evacuation of residents. Fire training had taken place in November 2016 and March 2017. The inspector was told that staff are provided with information on the fire safety arrangements during their induction when they start employment. This is then supplemented with fire training. At the time of the inspection there were three recently recruited staff who were scheduled for training.

Fire records showed that the fire safety and fire fighting equipment had been regularly serviced. Documentation confirmed that the fire alarm was serviced quarterly and this was last done in October 2017. The annual service of fire extinguishers was completed in February 2017. A fire register was in use and this included the details of all fire fighting equipment as required. The factors relevant to each resident in an emergency was outlined in a personal emergency evacuation plan and these plans were readily accessible to staff with the fire register should a risk situation develop. The inspector found that all fire exits were clear and unobstructed during the inspection. There were procedures to undertake and record safety checks of fire extinguishers, the fire panel and the fire escape routes. Information and a procedure to guide staff in an emergency had been compiled.

The information to guide staff should a resident leave the centre unnoted required review. There was inadequate information such as profiles of residents, their health and cognitive condition to guide staff and other authorities should such a situation arise.
The provider has contracts in place for the regular servicing of all equipment. The inspector viewed records that confirmed that equipment including small electrical appliances throughout the centre was serviced on 8 February 2017. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs. The chair lift can be manually activated if it malfunctions so residents are not placed at risk should such a situation arise.

There were sufficient staff available daily to ensure all areas were kept in a clean hygienic condition. The inspector observed safe working practices and saw that cleaning products and materials were not left unattended.

**Judgment:**
Substantially Compliant

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**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 medicines management system in place met the requirements of legislation. There were policies and procedures to guide staff on the ordering, prescribing, storing and administration of medicines to residents. The inspector reviewed medicine arrangements with one of the nurses. She was familiar with all residents’ medicine regimes and any specialist requirements in relation to administration. Medicines were observed to be administered safely in accordance with the policy and An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) guidelines.

The medicine administration records included the required information for safe practice such as the resident's name and address, date of birth, general practitioner and a photograph of the resident. The General Practitioner’s signature was present for all medicines prescribed and where nurses transcribed there were two signatures to indicate that a check of the prescription had been undertaken. Maximum dose of PRN (as required medicine) was recorded. All medication was dispensed from the original packaging.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs and the stock balance was checked by two nurses at each shift change.
**Outcome 10: Notification of Incidents**

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe care and support

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

**Findings:**
The inspector reviewed a record of incidents and accidents that had occurred in the centre and compared these with the notifications provided to HIQA. The inspector found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

**Judgment:**
Compliant

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**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 14 residents accommodated during the inspection. Four were known to have a diagnosis of dementia. Eight residents were assessed as having maximum or high level care needs, three were medium dependency and three had low level care needs. The inspector found that health and social care needs were met to a high standard and the centre had appropriate support from primary care services and allied health professionals when residents required specialist intervention. There was a strong emphasis on ensuring residents maintained their abilities and levels of independence. Many residents went out several times a week and some went out daily either to their
homes or to attend activities in the community. Residents also went out to attend their local primary care services and to see their doctors. Visitors told the inspector that staff ensured that residents continued to follow their lifestyle patterns as long as possible. The inspector noted that within the centre residents were encouraged to walk around and to be as active as they could manage.

All residents had a care plan that was updated at the required four month intervals. An action plan in the last report identified that care records required improvements as assessments did not always prompt care plans and changes in health needs did not prompt revisions of care plan. The inspector saw that these actions had been addressed. For example residents who had weight problems or residents who developed infections had care plans and progress notes that described their condition at the outset and their responses to treatment.

The inspector saw documentation that confirmed residents had an assessment prior to admission. Residents and families confirmed in feedback forms that they had met staff before admission who explained varied aspects of the service and provided information that helped them make the decision to move to a nursing home. The person in charge and provider representative said they were diligent about this as residents admitted here required a level of independence and capacity to use the stair lift. There were procedures in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was made available and shared between services. The inspector saw that staff provided details on general health, factors that prompted the transfer and details of medication when residents were transferred to hospital or had outpatient appointments.

Comprehensive nursing assessments were carried out following admission and a range of evidenced based assessment tools were used to determine risk in relation to falls, vulnerability to the development of pressure sores and malnutrition. The range of risk assessments completed were used to develop care plans and these were found to convey care needs and the interventions required from staff to ensure appropriate care was delivered. The inspector found that a high standard of person-centred care was in place. This was confirmed by residents who told the inspector that staff called them by their preferred name, ensured they selected their clothes each day, always had their walking aids readily on hand and ensured that they could get up and go to bed at times that suited them. The inspector saw that this happened in practice. Residents got up at varied times throughout the morning and had breakfast of their choice in their rooms or in the dining room.

Relatives the inspector talked to and completed feedback forms confirmed that relatives were consulted about their relatives’ care. There was information recorded that reflected their views and their contributions to care plans. The inspector found that care plans had been updated following periods of illness, when respiratory or other infections were present and when there was need for specialist intervention.

There were preventative measures in place to ensure that areas of clinical risk were monitored. All residents had a monthly weight check as well as a check of blood pressure, temperature and respiratory function. The monthly records of weight were reviewed and staff said that a referral for specialist advice would be made if weight
changes upwards or downwards persisted or were a cause of concern. Residents told
the inspector that they had experienced significant improvements in their health and
attributed this to the care provided and their regular health checks. The inspector saw
that diabetic screening, hearing, chiropody, dental and vision appointments were all
scheduled for residents at regular intervals. A range of suitable equipment was provided
to ensure appropriate pressure relief and to support residents’ comfort. Residents had
suitable pressure relieving cushions for the chairs they used during the day. Care staff
repositioned residents who required assistance at suitable intervals to protect skin
integrity.

There was a good emphasis on personal care and ensuring the physical care needs of
residents were met. Staff were knowledgeable about residents likes and dislikes in
relation to when they had baths or showers and where they preferred to spend their
time. Care plans and daily records confirmed that residents were supported with the
activities of daily living where needed and were encouraged to remain independent and
continue to dress themselves, attend to their personal care needs where possible.
Assessments of dementia care needs also included information on what residents could
do for themselves and what activities they enjoyed. The inspector noted that there were
positive outcomes for residents as they were observed to engage well in organised
activity and appeared relaxed and content. There was an activity schedule and activities
were noted to be meaningful and absorbing. There were some care plans where
information was repeated and this could be confusing for staff. For example, information
on general health needs were included in end of life care plans where they were not
very relevant.

Residents had access to primary care services and allied health professionals. There was
information that conveyed that doctors saw residents shortly after admission to review
medication and health needs. Allied health professionals that included speech and
language therapists, dieticians, physiotherapists and occupational therapists were
accessible when required. There were adequate staff on duty to ensure that residents
were supervised and supported according to their needs. The inspector saw that help
was provided at meal times in a way that ensured residents had relaxed and sociable
meal time experiences.

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

Findings:
The centre provides a home like comfortable environment for residents. The premises had a number of features that ensured the varied needs of residents were met appropriately. Bedrooms are located on the ground and first floor. There is chair lift access to the upper floor. The building was well maintained, warm, decorated in a comfortable home like style and was visibly clean. The dining room is suitable in size to enable residents’ to sit together at meal times and is located centrally. It was noted to be well used at meal times. There is a sitting area where the majority of residents spend their day. The building has been upgraded and modified over the years to improve accessibility and the facilities for residents.

The inspector saw that the standard of decoration, equipment and furnishings was good throughout. Hallways, bathrooms and toilets had handrails to support people with mobility problems. An action plan in the last report identified where the hallway from the entrance was narrow and this situation remains however staff have narrow wheelchairs and managing residents’ mobility through this area is part of staff orientation and training on moving and handling. The placement of residents in rooms along this hallway needs ongoing review to ensure their mobility needs can be addressed safely. There was a range of specialist equipment such as hoists and specialist beds available. These were regularly serviced to ensure their ongoing efficiency and safety.

Bedroom accommodation comprises of 15 single bedrooms. Bedrooms are adequate in size and equipped to meet the comfort and privacy needs of residents. There was a call bell system in place that was accessible to residents. Suitable lighting was provided including bed side lighting. Residents that the inspector talked to described their rooms as comfortable and said that their rooms were kept tidy, comfortable and warm. There are toilets, showers and bathrooms located close to bedrooms and communal areas for residents’ convenience. There is outdoor garden space that is accessible to residents. The provider representative had commenced a further upgrade to the facilities. A double room with an ensuite was near completion on the ground floor. A conservatory and a further single room was also part of this project but was not due for completion until 2018.

Staff facilitates were provided. Separate toilet facilitates were provided for care and catering staff in the interest of safe infection control standards.

Fire safety legislation had been adhered to and there were two staircases by which staff and residents could exit the building. One was located in the centre of the building and was in daily use and the other located at the side led directly to the exterior to ensure the building could be evacuated safely.

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:
There was a complaints procedure in place and residents said they would raise any concerns they had with staff, the person in charge or the provider representative. Feedback from relatives and residents provided to HIQA confirmed that the process for making a complaint was known to everyone. There were no complaints being investigated when the inspection was undertaken.

The procedure had been reviewed in response to an action plan in the last report. The appeals process was described and reference to HIQA as part of the complaints process had been removed.

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 an end-of-life care policy that described the procedures related to end of life care. Resident’s end-of-life care preferences, personal or spiritual wishes were recorded where possible and where residents and families wished to discuss this aspect of care. Care plans viewed conveyed the clear personal choices residents had selected for their end of life care. There was information on residents’ wishes in relation to resuscitation, where they would like to be at end of life which was usually in the centre if practical, the people they would like to have with them and their spiritual choices.

Residents were supported to remain in the centre at end of life and staff were assisted
with palliative and end of life care by residents’ doctors and palliative care services as needed.

The decisions made in relation to resuscitation and residents’ wishes were recorded and available for staff to ensure these wishes were respected. As described in the outcome on health care there was some repetition of information in general care plans and end of life care which is highlighted for attention in outcome 11- Health and Social Care Needs.

**Judgment:**
Compliant

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**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 that the arrangements in place to provide residents with a varied and balanced diet that met their nutritional needs and preferences met best practice standards. There were systems in place for assessing, reviewing and monitoring residents' nutritional intake. Residents’ food preferences were identified, and catering staff were informed about specialist needs and the menu choices. The inspector was told by residents that staff were very helpful when they made individual choices that were not on the menu on a particular day. Residents said that they were offered alternatives when they felt they were unable to eat a full meal or had meals out with family. The different choices available were observed at mid day and at tea time. Catering staff could describe specific food likes and dislikes and where specialist diets were required.

There was a food and nutrition policy in place and this was supported by a range of associated nutrition procedures that provided guidance on the management of fluids and hydration, medication management and the care of residents with conditions such as diabetes. The catering staff were enthusiastic about their roles and told the inspector about the way menus were organised and the priority that food had for residents’ well being.

The inspector observed that food was attractively presented and served in portion sizes that meet residents’ choices. There were snacks and drinks available throughout the day and at night to ensure sufficient calorific intake, particularly for residents who required fortified diets and to suit residents who liked to have food outside of main meal times.
Residents who needed assistance were supported by staff who sat by them and chatted as they prompted them to manage independently or actively assisted where needed. The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and made available to catering and care staff.

Nutritional risk assessments were completed and care plans were available to guide staff where residents were at risk of compromised nutrition. There was access to allied health professional advice for residents and the recommendations were outlined in care plans and noted to be followed by both catering and care staff at meal times. All residents were weighed regularly and those at risk were reviewed on a more frequent basis. The inspector saw that residents who had low weights on admission and were a cause of concern had responded well to the diet offered and were now in better health.

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:
The inspector found that residents were treated with dignity and respect and that there were excellent relationships between residents and staff. There was information in care records that described communication capacity and obstacles to communicating effectively such as difficulty hearing, vision problems or cognitive impairment. Arrangements were in place to ensure vision and hearing was checked when problems were identified. The inspector observed that staff engaged and acknowledged residents when they met, when they entered and left rooms and during times when care was in progress. Contacts were noted to be cheerful, meaningful and respectful with plenty of general conversation in evidence.

Residents who had dementia were noted to be well supported and staff could describe to the inspector how they helped residents orientate to their environment and participate in day to day life to their maximum ability. They described giving residents’ uncomplicated information, ensuring they had plenty of time to respond to questions.
and speaking slowly as factors that helped elicit responses.

There were arrangements in place for consultation with residents on the operation of the service and the records of the monthly meetings confirmed that residents’ views were respected and their suggestions listened to and considered when changes were made. There was an established system for keeping in touch and consulting with residents’ families. They were regularly asked to provide feedback on the service during individual care plan reviews and when they visited.

Residents confirmed that they could follow their religious beliefs and said that they could attend mass weekly and have priests or ministers visit them in the centre. Care records contained information on religious practice. Residents were facilitated to exercise their political rights and could vote in local, European and national elections.

Visitors were welcomed throughout the day and there were no restrictions on visits. Residents had access to the television, radio and to daily and local newspapers. Staff said that residents really appreciated hearing the local news and they kept them up to date with community events.

There was a range of social events and the inspector found that social care options were varied, available daily and enjoyed by residents. Music sessions and particularly old time music and singing were very popular. Residents records reviewed conveyed that residents’ social needs had assessed and their interests recorded. Care staff were noted to engage in one to one activity with residents who could not take part in a group activity and this was noted to be a regular aspect of care interventions. There were outings arranged regularly and the inspector saw that residents’ suggestions were taken into account when decisions were made. Recent outings that residents said they enjoyed included a trip to nearby Salthill for tea and trips to Galway city and to local shops. Many residents have been able to maintain connections with their local areas and go to community centre activities. This they said also helped them maintain contact with friends they had over the years.

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:
Residents had adequate storage space for their belongings and many had personal possessions such as photographs, ornaments and pictures displayed in their rooms. A property record was completed by care staff on admission and the records viewed were up to date. There was a system in place to ensure all clothes were labelled to prevent loss.

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 that there was an adequate complement of nursing, care and ancillary staff on duty during the day and at night to meet the needs of residents. The shift pattern for carers was staggered so that appropriate staff were available during the early morning and late evening to facilitate residents’ choices for when they wished to get up or go to bed. There was a low turnover of staff and the majority of staff on duty had worked in the centre several years.

There was a nurse on duty with the person in charge each day. They were supported by a team of three carers and the provider representative who dealt with administration daily. Care staff numbers were varied during the day to ensure personal and social care was provided appropriately. There was one nurse and a carer on duty from 21.00 hours. The care staff team was supported by catering and household staff.

Staff had the appropriate skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre. All staff were well informed about residents personal and health care needs and were observed to carry out their duties efficiently. They conveyed enthusiasm about their roles and the care of dependent people and treated residents with respect and courtesy the inspector observed. Staff said that a good team spirit was established and that there was a sense of cooperation between them to ensure the well being of
residents. The provider and person in charge were valued for their commitment to high standards for residents which staff said was fostered and communicated to them.

There was a policy for the recruitment, selection and vetting of staff. This was reflected in practice and evidence was available in the staff files reviewed. Interviews were conducted for all posts, there was a formal process that underpinned interviews and references, full employment records and vetting disclosures were available for all staff.

There was a training record available which conveyed that staff had access to ongoing mandatory training and refresher training as required by the regulations and the care needs of residents. Training on safeguarding and moving and handling was provided every year to ensure staff were up to date. Staff had also attended training on infection control, dementia and end of life care. Nurses had completed training on medication management during 2017. Catering staff attended training on food hygiene practice. There were up to date registration details for all nurses employed.

**Judgment:**
Compliant

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**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:**

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
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<th>Centre name:</th>
<th>St David's Nursing Home</th>
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<tr>
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<td>OSV-0000391</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>05/10/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>26/11/2017</td>
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Requirements

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

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

Outcome 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose required review to include the conditions of registration as outlined in the centre's registration certificate.

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

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1 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:**
Statement of Purpose is being reviewed to include conditions of registration.

**Proposed Timescale:** 08/12/2017

### Outcome 03: Information for residents

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some residents' contracts did not describe the full fee to be charged, the resident's contribution or the services that incurred additional charges.

2. **Action Required:**
Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

**Please state the actions you have taken or are planning to take:**
Contracts are all being reviewed, to show full fee charged, and also details of any further charges residents may incur for their care.

**Proposed Timescale:** 08/12/2017

### 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:**
There was no readily accessible information that described residents' overall profiles should a resident be missing from the centre.

3. **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:**
A separate profile will be prepared for every resident at the centre, which may be used in the event of an incident. Risk assessments are carried out on an ongoing basis, to ensure safety.
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:
The there were some care plans that required review as information was repeated and could cause confusion particularly in relation to information recorded on end of life care.

4. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

Please state the actions you have taken or are planning to take:
All End of Life plans are being reviewed, and simplified to avoid confusion.

Proposed Timescale: 08/12/2017

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:
The placement of residents in the bedrooms off the narrow hallway at the entrance required ongoing review to ensure the safety of residents could be maintained.

5. Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
All residents are assessed before admission to ensure we can meet their needs, and safety.
Equipment used at the centre can access all areas including corridors in the older part of building at the front. Staff receive appropriate manual handling training for all aspects of the centre.
Proposed Timescale: 26/11/2017