Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>St Clare's Nursing Home</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>St Clare's Nursing Home</td>
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<tr>
<td>Address of centre:</td>
<td>502 Griffith Avenue, Glasnevin, Dublin 11</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>04 October 2018</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000517</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0025181</td>
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About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The centre, located in North Dublin, is operated by the Health Service Executive (HSE). It is one of three services that make up Claremont residential and community services. The building has three storeys. Residents live on the ground floor in Roseview Unit and on the first floor in Oakview Unit. The 41 beds are made up of five single, eight twin and five four-bedded bedrooms. The maximum number of residents admitted to the centre is 40. One single room is used for end-of-life care. The centre offers long term and respite beds to men and women over 65 with a variety of dependency levels. It has a day centre service attached to it which is opened five days per week. The philosophy of care in St Clare’s is underpinned by a shared vision of quality, safe care provided by the multidisciplinary team. The goal is to facilitate each resident to achieve and maintain their maximum potential in the personal, physical, psychological, social and spiritual aspects of their wellbeing and provide evidence-based person centred care, respecting individual preferences and choice. The building is easily accessible and provides parking for a number of vehicles. Local bus routes operate from the front of the centre.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 31 |
How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. **Capacity and capability of the service:**

   This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. **Quality and safety of the service:**

   This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.
This inspection was carried out during the following times:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>04 October 2018</td>
<td>10:10hrs to 13:00hrs</td>
<td>Gearoid Harrahill</td>
<td>Lead</td>
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</table>
Views of people who use the service

While residents and families were not spoken with on this visit, the inspector observed that people were having their breakfast in the communal areas or on trays in bed. Residents were reading the morning newspaper or books, watching television and chatting to staff in the living room in a relaxed and comfortable atmosphere.

Capacity and capability

The provider is currently registered for 41 beds, but has applied to renew their registration with a reduced total bed count of 37. This reduction in occupancy was for the purpose of improving the quality of life for residents living in the centre. In addition in recognition of the shortcomings in the premises the registered provider had made the decision to only accommodate short stay residents in those rooms that were still configured to accommodate four beds.

The purpose of this site visit was to ensure that progress had been made on the development of the residential space to provide safe and suitable premises for residents. Information from the visit will inform the chief inspector if the timescales for completion of works provided by the provider are likely to be met, for the provider to come into compliance with regulations related to the physical environment and address non-compliance matters raised on inspection in March 2018. As such, regulations under Capacity and Capability were not examined at this time.

Quality and safety

Some improvements to the premises had been completed and others were ongoing. However, plans regarding the provision of resident showering facilities had not progressed as per the plans submitted to the Office of the Chief Inspector. As the provider was not permitted to convert a cubicle toilet into a second shower room, the alternative decision was made to reduce the overall occupancy of the floor by four people. This did not sufficiently address the need to provide suitable showering facilities for all residents in accordance with their preferences and dependencies. There was a bath available on the floor but staff members advised that this option was used rarely in comparison to the shower.
Of the five four-bedded rooms, two of these rooms had had their occupancy reduced to two persons each, but the rooms had not been rearranged to turn the newly vacated areas into comfortable and homely living space for the two remaining residents. At the time of the inspection, the unused beds and furniture from the empty bays had not all been removed from the bedrooms, and the privacy curtains had not been rearranged to reflect the reduced occupancy. Of the three remaining four-bedded rooms, two were now designated as accommodating only short-stay residents, and the third was due to also be allocated for short stay in the coming months.

Each bedroom had new hand wash sinks installed. The flooring had been replaced in bedrooms, bathrooms, corridors and communal areas and this was level, safe and free of major trip or slip hazards. All long-stay bedrooms had large new wardrobes installed for residents’ clothing and belongings.

Improvements had been made to the privacy curtains for residents in twin bedrooms. The current configuration of these curtains allowed for either resident to have access to their living space, television, wardrobes and sinks when their neighbour had their privacy curtains drawn shut. This included residents on the far side of the door in a twin bedroom being able to come and go from their bed space without disturbing the resident closer to the door.

Regarding the general maintenance of the centre, windowsills had been fitted with new top surfaces and bedrooms had been painted to touch up damage caused by the installation of sinks and wardrobes. Some of the more cosmetic aspects of the premises, such as maintaining door frames and filling holes in the walls from previous privacy curtains, were due to be addressed when all other work such as moving furniture and beds was complete.

In the previous inspection, a number of environmental hazards had not been identified by the provider or risk rated in the centre. Many of these risks had been eliminated in the process of addressing the premises issues. Previously exposed large metal radiators adjacent to some resident beds were now surrounded by a decorative cover which greatly reduced the risk of contact burning. Televisions were in the process of being secured to walls in a position which would allow all residents in a bedroom to comfortably watch. On the previous inspection, an unsecured large mirror above a sink was identified. The new hand wash sinks installed in each bedroom no longer have a mirror above them, and for reasons of dementia friendly design, would not be included by default. If a resident wished to have a mirror in their bedroom, one would be secured to the wall for them. The provider had separated a section of a large communal room to be used for storing equipment such as hoists, and the provider advised that many pieces of equipment which were no longer in use by anyone had been removed from the premises.

Sluice rooms on the corridors were lockable and did not contain any chemical substances.
Regulation 17: Premises

Plans regarding the provision of resident showering facilities had not progressed as per the plans submitted to the Office of the Chief Inspector. Improvement was required to ensure that residents had access to sufficient bath or shower facilities having regard to their preferences and dependency levels.

The provider had made positive progress in coming into compliance with other premises items and was on schedule to have some works completed within the stated timeframe.

Outstanding works included:

- Final alterations of privacy screen positions,
- Removal of unused furniture and change of layout in bedrooms which had decreased in occupancy,
- Maintenance work such as door frame repair and filling holes from previous privacy curtains,
- Finish providing rooms with televisions which are secure and accessible to all residents in the room.

Judgment: Substantially compliant

Regulation 26: Risk management

Risks identified in the previous inspection now had measures in place to control the risk, or had been eliminated as part of the work done on the internal premises.

Judgment: Compliant

Regulation 9: Residents' rights

Privacy curtains had been orientated to allow residents to access and use their bedroom space without impacting on the privacy of their neighbours when their curtain was drawn shut. Work was ongoing to rearrange some of these curtains to reflect the change in occupancy and layout of some bedrooms as well as curtains that needed to be moved to provide additional space around bedsides.

Judgment: Substantially compliant
### Appendix 1 - Full list of regulations considered under each dimension

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
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<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
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<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Substantially compliant</td>
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</table>
Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.
Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time** bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider’s response:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 17: Premises:

- **Final alterations of privacy screen positions:** Following the repostioning of the beds. The non allocated privacy screens/curtain rails will be removed and maintenance filling of holes will take place on or before 16th of November 2018.

- **Removal of unused furniture and change of layout in bedrooms which had decreased in occupancy:** We are in the process of discarding unused furniture and making the layout of the bedrooms more homely, purchase new furniture for these rooms. This will take place on or before 16th of November 2018.

- **Maintenance work such as door frame repair and filling holes from previous privacy curtains:** These maintenance works and repairs will take place once all the adjustments have been made.

- **Finish providing rooms with televisions which are secure and accessible to all residents in the room.** All rooms have been provided with televisions which are secure and accessible to all residents in the room.

<table>
<thead>
<tr>
<th>Regulation 9: Residents' rights</th>
<th>Substantially Compliant</th>
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Outline how you are going to come into compliance with Regulation 9: Residents’ rights:

- **Work was ongoing to rearrange some of these curtains to reflect the change in occupancy and layout of some bedrooms as well as curtains that needed to be moved to provide additional space around bedsides:** These alterations will be scheduled to take place during the next 4 weeks and we aim to have it completed by 30th of November 2018.
Section 2: Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17(1)</td>
<td>The registered provider shall 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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>18/11/2018</td>
</tr>
<tr>
<td>Regulation 17(2)</td>
<td>The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>18/11/2018</td>
</tr>
<tr>
<td>Regulation 9(3)(b)</td>
<td>A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.</td>
<td>Substantially Compliant</td>
<td></td>
<td>30/11/2018</td>
</tr>
</tbody>
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