### Health Information and Quality Authority

**Regulation Directorate**

**Compliance Monitoring Inspection report**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Columban's Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000760</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Magheramore, Wicklow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>0404 67348</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:colsrsw@eircom.net">colsrsw@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Missionary Sisters of St Columban (Ireland)</td>
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<tr>
<td>Lead inspector:</td>
<td>Helen Lindsey</td>
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<tr>
<td>Support inspector(s):</td>
<td></td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>24</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

**From:** 05 December 2017 10:15  
**To:** 05 December 2017 16:30

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

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<thead>
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<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
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**Summary of findings from this inspection**

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the self-assessment and the inspector's rating for each outcome.

Inspector met with residents and staff members during the inspection. The journey
of a number of residents with dementia was tracked. Care practices and interactions between staff and residents who had dementia were observed and scored using a validated observation tool. Documentation such as care plans, medical records and staff training records were also reviewed.

The centre provided a service for up to 24 residents with the following care needs: Long term care, short term care, convalescence, respite care, palliative Care, and dementia. On the day of the inspection around one fifth of residents either had a diagnosis or symptoms of dementia. There was no dementia specific unit and all residents freely used all part of the centre.

Residents who spoke with the inspector were very positive about the service provided and the life it enabled them to live. The routines were based on the religious preferences of the residents, and there were other activities to engage them when they had spare time. Where residents were no longer able to actively express their wishes for how to spend their time, their wishes that had previously been recorded were followed.

The premises were purpose built, they supported residents privacy and dignity in that all bedrooms were single en-suite and there were a range of rooms for social gatherings. Colour coding was used in the units to support with orientation, as was information on individuals bedroom doors. There was access to a garden through a number of places in the centre. The garden provided a pleasant atmosphere, a trailing path with flat surface to aid those with mobility needs, and a range of seating at intervals to take in the views of the sea and mountains.

Resident's records showed assessments were completed prior to them entering the centre, then more detailed ones completed on arrival. Care plans were developed for resident's health and social care needs, and provided clear guidance to staff on what support was needed, and the residents preferences. Where residents were no longer able to communicate their wishes in relation to their care and advocate from within the Order was allocated to them, and ensured their wishes were respected. Staffing levels met the needs of the residents, with extra staffing provided where residents required additional support.

One area for improvement was noted in relation to the provider acting as a pension agent. This is outlines in the report and the action plan at the end of the report.
**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

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

**Findings:**
Residents’ wellbeing and welfare was being maintained by a high standard of evidence-based nursing care.

The person in charge explained the process of reviewing resident’s needs and offering a place in the centre. All referrals came from within the Order, some people were returning from other countries, some lived in the convent on the same grounds.

The inspector reviewed a range of resident’s records. Each resident had received a full assessment of their needs and a set of care plans were developed for each health and social care need. The records were person centred and gave information about the life each resident had lived, things that were important to them and their preferences. Care plans provided clear guidance for staff to follow in order to meet the resident’s needs. All care plans were reviewed at least four monthly or sooner as required.

Ranges of nursing assessment tools were being used in the centre to support nursing staff to assess and review resident's nursing and health care needs. These included assessing the risk of falls, malnutrition and pressure areas. Where residents needs changed staff were able to describe the action that would be taken, and this was reflected in the resident's records. For example the inspector looked at responses to changes in resident's nutritional intake and saw appropriate action was taken including referrals to relevant professionals such as dietician and speech and language therapist.

The inspector found that there was good access to relevant medical professionals. General Practitioners (GP) visited the centre regularly and there was an out of hours GP service where required. A range of allied health care professionals attended the centre as required. A physiotherapist attended weekly. They carried out assessments, one to one work, and group sessions to support skills such as a balance class. The inspector saw examples where healthcare professional’s recommendations were put into place for example with modified diets for residents following a swallow assessment from a speech and language therapist.

Where residents were not able to express their own wishes in relation to care they had
an advocate allocated from the within the community. Families were involved as was appropriate and with the residents permission.

**Judgment:**
Compliant

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**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

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

**Findings:**
There were appropriate measures in place to ensure residents were safeguarded and protected from suffering harm. However a review of the system for managing residents’ pensions was required.

The centre had a policy called ‘responding to allegations of elder abuse’. The policy defined the various types of abuse, the procedure to follow should abuse be reported, suspected or witnessed, and safeguarding and care planning requirements. Staff spoken, with including the person in charge, were clear on the signs of abuse and also what to do if it was reported to them.

Residents spoken with confirmed they felt safe in the centre and that the staff were always kind.

There was a policy in place called ‘management of agitated, aggressive or violent residents or families’. Where responsive behaviour was a known possibility for residents there were care plans in place. They clearly set out triggers that may cause the resident distress, effective approaches to support the resident and steps for keeping residents and staff safe where required. Staff were seen to know residents needs well and were supporting them to follow the routines of their choice. Staffing levels had been increased to provide effective support in the centre, and this was seen to ensure a good standard of care to residents with dementia who had staff working with them who knew them well and had time focus on their individual needs. The number of incidents related to the behavioural and psychological symptoms of dementia (BPSD) had reduced.

There was a policy on the use of restrictive practice. A review of the documents completed to support the decision making for restraints used showed the policy was being followed in practice. It included identifying the benefits expected, what alternatives had been trialled, whether it was the least restrictive option, and any associated risks. The policy defined what restraint was and that consent must be required before restraint is used. Use of restrictive practice in the centre was very low, and only a lap belt was being used for a resident who required it for safety at the time of the inspection. Rather than bedrails low beds and soft mats were being use. There was also no use of ‘as required’ (PRN) medication to support residents with anxiety, as
all residents received effective care and support that currently meant it was not required.

As the centre was a religious community resident’s monies were held jointly and provided to individuals when required, for example a monthly allowance for items and access to further funds for items such as clothing. 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, residents' funds should go to a resident account prior to fees being taken.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

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.

Residents who spoke with the inspector were very positive about the support they received and the way of life they were enabled to live. Everyone who was able expressed their happiness to the inspector about how the service was run, the quality of the premises and the respectful approach of the staff. One resident said ‘you can tell by all the smiles how happy everyone is’.

There was not a formal activities program but the residents did have routines of gathering for discussions, reading newspapers, activities in the art room and trips out in the local area. When the inspector asked if there was enough to occupy them the residents joked that there was not enough time in the day to fit everything in.

Residents were encouraged to express their wishes about the care and support they wanted if their health needs changed, and also their wishes for end of life care. This was to ensure their wishes could continue to be respected if they were no longer able to communicate them. The inspector observed residents wishes were being respected in relation to routine where they were not able to verbally express their wishes. For example they were supported to listen to mass in the comfort of the lounge rather than going to the oratory.

Where residents were not able to communicate their needs they had an allocated advocate who oversaw their care, liaised with their families, ensured they had what they needed, and looked after any funds to ensure small items could be purchased as
A number of resident’s meetings had been held. The last meeting in August 2017 covered reminders about the fire zones in the centre, update on staffing and training, a presentation on infection control and how to reduce winter bugs, and checking different arrangements in the centre were effective, for example meals, and transport for appointments. Residents were clear if they had any concerns they could be raised, and the person in charge also confirmed a meeting could be convened at short notice if requested.

Residents confirmed that their religious and civil rights were supported and respected. As the centre was for sisters of the Columban order the routine reflected their wishes in that it followed a pattern of prayers, mass and rosary through each day. Residents also had time for quiet contemplation. When speaking with the residents they confirmed that this was important to them as had been their life prior to moving in to the centre.

The person in charge told inspectors that residents were supported to exercise their political rights in past elections and that people either accessed the polling station locally or the polling officer visited the centre to enable people to vote.

A formal observation was carried out by one inspector in the dining area while residents were having lunch. It was observed to be a pleasant social gathering, the room was well presented and there was adequate space for all residents to dine in comfort. Where residents required support it was provided discreetly. On every approach to a resident staff were engaging positively, offering choice, and listening or interpreting any feedback. Overall the inspector observed positive care and support being provided by a responsive team of staff.

Visitors were welcome in the centre and residents said how much they enjoyed meeting with people. There were a range of places in the centre and garden where residents could be met in private if it was their wish.

**Judgment:**
Compliant

**Outcome 04: Complaints procedures**

**Theme:**
Person-centred care and support

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

**Findings:**
The feedback, concerns and complaints of all residents in the centre were listened to recorded and acted upon.

There was a policy in place to manage complaints or concerns received in the centre.
The person in charge or nurse in charge was the named person to manage complaints in the centre. A named representative of the provider was nominated to oversee management of the complaints. The policy also made reference to the office of the ombudsman as an independent appeals contact.

The centre had a copy of the complaints procedure on display in the centre, it was clear and easy to understand. Residents who spoke with the inspector were clear of their rights and knew the procedure to follow should they wish to complain. Where residents’ were not able to communicate their concerns directly an advocate was linked with them to act on their behalf.

The inspectors reviewed the feedback, comments and complaints recorded in the centre. They were noted to include detail of the issue raised, listed the action taken, the satisfaction of the complainant and if the complaint was open or closed. Any concern noted was seen to have a suggested solution noted, and other records such as the residents meeting minutes indicated the changes had been effective.

**Judgment:**
Compliant

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
On the day of inspection there was an appropriate number and skill mix of staff available to meet the needs of the residents. There were effective recruitment arrangements and there was a staff training program that ensured staff remained up to date with their skills.

On the day of the inspection the staff on duty was as described by the staff roster. There was a set number of staff in the morning, and then a slight reduction in the afternoon, and this reflected the differences in the routines of the centre in the morning and afternoon and also addressing the residents needs. Staffing levels were reviewed as resident’s needs changed, and could be increased if necessary. The person in charge explained the process followed to ensure cover for staff leave and unexpected absence and records showed staffing levels were maintained. It was identified that there was always at least one nurse on duty. The person in charge was supernumerary and not included in the staffing compliment working on the floor.

Throughout the day of the inspection staff were carrying out their duties in a relaxed and timely manner. Where residents had higher needs, it was observed that staff were allocated to spend social time to support those individuals. For example where residents
were unable to attend mass in the oratory it was shown on the TV in the lounge, and a staff member sat with resident offering support and drinks as required. Interactions between staff and residents were respectful and friendly.

Annual appraisals were carried out for staff. On a day to day basis the person in charge or nurse in charge would oversee practice of the staff in the centre and respond if any support was required. There were also regular staff meetings to keep staff informed of any changes or developments in the centre.

All residents who spoke with the inspector said that the staff were kind and always available to offer support. A review of a recent satisfaction survey listed positive experiences about staffing in the centre such as kindness, humour, professional, good at explaining things, and ‘excellent personalised care’.

The inspectors reviewed the training records of staff. They found that all staff had received mandatory training and refreshers in fire safety. Staff had also completed other courses such as manual handling, CPR, care planning and food and nutrition. A number of staff had completed safeguarding training in the last 12 months, and a course was planned for the week following the inspection for new staff. An ongoing program of training dates was being organised and was due to commence in January. A staff member was going through the process of becoming a trainer so they could ensure all staff remain up to date at all times. Additional training had been provided to staff in dementia care and associated behavioural symptoms.

The inspector reviewed three recruitment files for newly recruited staff. All three files were found to have the required documents as listed in schedule 2 of the regulations including Garda vetting. The inspector reviewed nurses’ registration documents and found that all were registered with the Nursing and Midwifery Board of Ireland.

Judgment:
Compliant

### Outcome 06: Safe and Suitable Premises

#### Theme:
Effective care and support

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

#### Findings:
The purpose build centre met the needs of the residents in its layout, and design.

The premises were well maintained and provided a comfortable environment. Residents were all accommodated in single en-suite bedrooms on the ground floor. Each resident had personalised their own room, and had added to the standard furniture with additional items of their own. Residents reported they were very comfortable. There was a range of storage for personal belongings including locked drawers for anything they
wanted to keep safely. There was a call bell located by the bed and in the en-suite if they needed to call for assistance.

There were gated grounds around the centre that could be accessed freely from a number of places in the centre. The grounds had a walking path that was edged in a different colour to support resident with visual impairments. There were seats positioned to take in both the sea views and those of the mountains.

To support orientation in the centre each unit was colour coded and had a boarder integrated in the flooring. Each resident’s door had their name, a flower of the month of their birth and any additional item for personalisation to help them to locate the room if they needed the support.

There was a range of communal rooms in the centre in different sizes. There were smaller ‘coffee docks’ that provided homely domestic size kitchenettes and seating areas, then the larger lounge and dining room that could be used as two separate rooms or opened up in to one for events. Tea, coffee, cold drinks and snacks could be made in the coffee docks 24hrs a day. The residents took responsibility for keeping them stocked with the relevant items. There were seating areas at different points in the halls to aid those who needed to rest when walking distances but also to support socialisation opportunities. Signing with pictures and clear words had been used in the centre to support residents, including those with dementia, to find their way around.

On the day of the inspection the centre was a comfortable temperature, well lit and ventilated. There were handrails on both sides of all corridors and grab rails in the showers and bathrooms.

There were aids and adaptations available in the centre to meet the needs of the residents. Some rooms were fitted with track hoists and other hoists were available in the centre where people had been assessed as needing that support with their mobility. The centre was well presented and cleans throughout. Household staff were seen to be available working around the unit to provide any cleaning support required, for example after residents got up in the morning and after mealtimes. Some residents chose to continue completing their own laundry and the facilities were available for them to do this safely.

There was also access to the main convent and many residents attended mass there daily, and also chose to eat meals in the large dining room.

**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
Provider’s response to inspection report

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<tr>
<th>Centre name:</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000760</td>
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<tr>
<td>Date of inspection:</td>
<td>05/12/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28/12/2017</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 02: 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.

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

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
In order to comply with Regulation 08(1) and in consultation with the Department of Social Protection, a separate non-business account will be opened in the Bank of Ireland into which shall be paid the Residents’ Pensions. It will not be part of the Company that is the Provider of the Nursing Home. The signatures on the account will be the local leaders and the treasurer of the religious community.
It is planned that this account will be opened in January 2018 and then arrangements made with the Department of Social Protection to transfer the pensions of the Residents of the Nursing Home to this account by 28th February 2018. Once this has been completed, 80% of Residents’ pensions will be transferred at the end of each month to the Company that is the Provider of the Nursing Home.

**Proposed Timescale:** 28/02/2018