



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Clare's Nursing Home
Name of provider:	Health Service Executive
Address of centre:	502 Griffith Avenue, Glasnevin, Dublin 11
Type of inspection:	Announced
Date of inspection:	14 March 2018
Centre ID:	OSV-0000517
Fieldwork ID:	MON-0020753

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, respite beds and assessment care to men and women over 65 who have a variety of dependency levels. It has a day centre 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's 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.

Current registration end date:	27/06/2018
Number of residents on the date of inspection:	34

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:

Date	Times of Inspection	Inspector	Role
14 March 2018	09:00hrs to 17:00hrs	Sheila McKeivitt	Lead
14 March 2018	09:00hrs to 17:00hrs	Leone Ewings	Support

Views of people who use the service

Residents who communicated with the inspectors and those who completed questionnaires were happy with the services they receive. They were positive with regard to the control they had in their daily lives and the choices that they could make. They told inspectors about their daily routines and activity plans. Residents expressed satisfaction regarding food and mealtimes and were happy with the support and assistance provided by staff.

Residents said staff were kind and respectful and treated them in a courteous and dignified manner. Some residents knew staff by their name and were able to identify a staff member with whom they would speak with if they were unhappy with something in the centre. Visitors were welcomed and their satisfaction levels were requested via an automated service on exiting the building.

The residents did not identify any areas for improvement.

Capacity and capability

An effective service was being provided with positive outcomes for residents. There was a good atmosphere in the centre and residents and staff interacted well. Improvements were required regarding notifications to HIQA, volunteers' files and the content of a number of key documents.

Governance arrangements in the centre were appropriate. The management team met on a frequent basis to ensure the service was operating in accordance with the statement of purpose. Clinical outcomes for residents, resident numbers, resources such as staffing levels, and the upkeep of the premises were discussed. One of the two actions required from the previous inspection carried out on the 05 September 2016, was addressed. The action in relation to the premises remained an issue.

Increased surveillance of reportable events was required. HIQA had not been informed of a reportable incident and the use of psychotropic medications as a chemical restraint was not being accurately reported each quarter.

Staffing levels and skill-mix were sufficient to meet the needs of residents. Training was accessible to staff which ensured they could provide residents with evidence-based nursing care. Staff spoken with were familiar with policies and procedures. Volunteers provided services to residents and had gone through the appropriate vetting procedures, although files relating to volunteers required improvement.

The statement of purpose outlining the facilities and services provided, did not correspond to the findings on inspection. The floor plans submitted were not clear enough to identify the number of beds in each bedroom, the content and number of usable bathrooms or/shower rooms and the number of assisted and non-assisted toilets. Residents were aware of their contract of care which outlined the facilities and services provided to them and the fee they were charged. The number of other beds in each resident's bedroom was not included in contracts.

Registration Regulation 4: Application for registration or renewal of registration

The provider completed the application for the renewal of registration on the 12 December 2017 seeking approval to accommodate 40 residents. A revised application requesting the registration of 41 beds was received after this inspection.

Judgment: Compliant

Registration Regulation 6: Changes to information supplied for registration purposes

The information provided was in accordance with the regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was being managed by a suitably qualified and experienced nurse who worked full-time.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota and, communication with residents and staff inspectors found that the levels and skill- mix of staff at the time of inspection were sufficient to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and were up to date on their mandatory training, for example, fire safety, manual handling and protection of vulnerable adults training. Staff were appropriately supervised.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in the centre, and clear lines of responsibility and accountability between the provider representative and the person in charge. An annual review had been completed and there were systems in place to monitor the quality of care delivered.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care did not include the number of other beds in the bedroom occupied by the resident.

Judgment: Substantially compliant

Regulation 30: Volunteers

Volunteers files did not contain an outline of their roles and responsibilities.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

HIQA was not being notified of all reportable events as required under the regulations.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required review. It did not include all the information outlined in schedule one.

Judgment: Substantially compliant

Quality and safety

In general, there were good healthcare outcomes for residents using the service. Some improvements were required mainly in relation to premises, risk management and the maintenance of residents' privacy.

There was a multidisciplinary care team approach to providing health care to residents. Residents were consulted with regarding the development of their individual care plans which included assessment of needs and treatment plans. They received the care they needed. Staff liaised with the local community services regarding appropriate admission and discharge arrangements. Residents had timely access to most health care services based on their assessed needs although access to audiology, optical and dental services required review.

Residents with communication difficulties were facilitated to communicate with staff. The approaches used were reflective of good practice however communication care plans on this aspect of care required improvement.

Arrangements were put in place to assist residents to support them to make decisions consistent with their capacity for example referrals to the ward of court system. Residents had opportunities to participate in meaningful activities in accordance with their interests, abilities and capacities. The group social and recreational programme was relevant and meaningful to residents. Staff tried to engage residents who did not wish to participate in activities. These activities promoted their physical and mental health and well-being.

Residents' meetings were held and some residents confirmed that they had been consulted with about the day-to-day running of the centre. Resident had access to an independent advocate service and this was advertised. Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and encouraged to participate in

residents' lives.

Safeguarding policies and procedures were implemented and these ensured residents were protected from abuse. Inspectors were informed that all staff had Garda Síochána (police) vetting and a sample of randomly selected staff files confirmed this information. Staff members who communicated with the inspectors were knowledgeable regarding their duty to report any past or current concerns for the safety of the residents living in the centre.

The premises did not fully meet the needs of residents and since the initial registration of the centre this matter had periodically been reviewed by the Health Service Executive (HSE). Some plans were discussed, including the building a new 105 bed centre by 2023. Inspectors were informed that there was no plan to refurbish the existing leased premises and HIQA has not received a costed, time bound plan to address the deficits. Therefore, this matter remains outstanding.

The premises was of sound construction but some areas of the building were in a poor state of repair. A number of internal areas of the building required paint work including window sills, skirting boards, door frames and some residents' bedroom walls. There was enough communal space for residents to dine and relax in.

In twin and shared multi-occupied bedrooms, residents' personal living space was limited. Improved accessibility to wash hand basins and sufficient sanitary facilities (bathrooms and showers on both units Roseview and Oakview) was required. Storage space for equipment was limited. An assisted bathroom was inaccessible to residents as it was being used as a store room. The number of toilets met the needs of residents.

Residents sharing twin rooms did not have their privacy maintained as the screening in these bedrooms was not adequate. Although residents were informed and encouraged to bring in personal mementos, souvenirs and photographs, there was limited space, particularly, in the multi-occupied rooms, to have such items displayed so that the resident could see them. Only one television set was available in these rooms and therefore it was difficult for each resident to see the screen comfortably.

Fire safety arrangements were good. Each resident had a personal emergency evacuation plan and staff knew how to evacuate residents in the event of a fire. There was a risk management policy in place but it was not fully implemented. Potential risks to residents identified on inspection had not been addressed in accordance with the risk management policy.

A restraint-free environment was promoted and any physical restraint was used in line with the national guidelines. This included carrying out a comprehensive risk assessment prior to the implementation of any restrictive measure. Records were maintained in accordance with the regulations regarding restraint. Records reflecting the use of psychotropic medications to manage behaviours that challenge required improvement.

Regulation 11: Visits

Residents could receive visitors. Visitors signed a visitors' book and had access to a private room.

Judgment: Compliant

Regulation 26: Risk management

Risks identified on this inspection had not been risk rated or identified on the last audit. These included:

- Residents' beds in twin rooms being positioned beside very hot radiators.
- The doors of sluice rooms containing chemicals being left open.
- Televisions not secured and sitting on tables.
- Large mirror sitting on sink behind sink taps.
- Plug points positioned directly above hot radiators
- Storage of equipment in showers and bathroom.

Judgment: Substantially compliant

Regulation 27: Infection control

Measures were in place to minimise the spread of infection. Practices observed reflected evidence based-practice.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate precautions were in place to protect residents against the risk of fire.

Judgment: Compliant

Regulation 6: Health care

Appropriate medical and health care was being provided to each resident. The frequency of access to eye care, audiology and dental services required review.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The indication for use of prescribed as required psychotropic medications was not clearly outlined in each resident's care plan for managing behaviour that was challenging.

Judgment: Substantially compliant

Regulation 8: Protection

Policies and procedures reflected practices in place to protect residents from all forms of abuse. Staff demonstrated a good, clear knowledge of these documents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents privacy and dignity was not always maintained as privacy screening was not provided around each bed in a number of twin bedrooms and in one assisted toilet.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was not appropriate to meet the needs of 41 residents. It did not conform with some matters outlined in to schedule six for example there was insufficient space to maintain residents privacy.

Judgment: Not compliant

Regulation 10: Communication difficulties

Residents identified with communication difficulties did not have their communication requirements recorded in a communication care plan.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 10: Communication difficulties	Substantially compliant

Compliance Plan for St Clare's Nursing Home OSV-0000517

Inspection ID: MON-0020753

Date of inspection: 14/03/2018

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. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime 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:

Regulation Heading	Judgment
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>New Contracts of care are in the process of being provided if not currently in place to residents with bedroom allocation and description of room and number of beds/occupants in the room. Going forward these contracts of care will be available on admission for new residents with the aforementioned information.</p> <p>Contracts have been issued out to all residents on 5th May 2018.</p> <p>Anticipated date of return from families: 31st June 2018</p>	
Regulation 30: Volunteers	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 30:Volunteers</p> <p>Roles and responsibilities have been set out in writing for the existing volunteers which have been agreed and signed by said volunteers and have been filed in their personnel folder. This process is now in place for all future volunteers.</p> <p>Date Completed: 23/3/2018 and ongoing</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p>	

Following the inspection a meeting was had with CNM's and senior nurses in St Clare's. Guidance documents for provider nominees and persons in charge of designated centres, for Statutory Notifications were printed and distributed and explained to staff. Explanation of the 9 notifications and the importance of notification and their time frame was outlined to staff.

Demonstration on the use of Hiqa Portal to aforementioned staff.

Date completed: 25/3/2018 |

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The information that is missing from the statement of purpose has been updated and was sent to HIQA on 23rd March 2018. Floor plans have been adapted to include number of beds in each room. The content and number of usable bathrooms/shower rooms and the number of assisted and non-assisted toilets has being adjusted. The contracts of care are being adjusted to show the number of beds in shared accommodation.

Date to be completed: 25th April 2018

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Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:

The risks are currently being assessed by senior management and estates. Costing have been established and timelines for completion have been planned in order of risk and clinical importance. We have sought and received clarification from the CO office that funds will be released to carry out works identified to ensure building is adhering to Regulation 17, 26 and 27. All works will be completed by 31st December 2018.

Works will include:

- Radiator covers
- Plug points being repositioned
- Securing of TV's to walls
- Replacement bath
- New Bathroom with WA toilet
- Clinical sinks
- Flooring
- Painting
- Curtains and rail repositioning

Other remedial works such as the mirror, storage of equipment, door to chemical store in the sluice room have already been rectified. (23rd March 2018) |

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>All residents are in the process of being reassessed for optical, dental and audiology services to ensure that they have their yearly/Biyearly review. Referrals are currently being sent. This is being completed by the CNM1's on each ward.</p> <p>All residents will have been assessed as clinically indicated by 31st December 2018.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> • Chemical restraint usage has been added to the restraint free environment working group .This group meets quarterly. • Chemical restraint usage has been added to the ADONS daily report sheet • Chemical restraint has been added to the restraint register • Gp has reviewed chemical restraints of some residents and has discontinued certain medications. <p>Completion date: 24th April 2018 and ongoing </p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>A company has been brought in to cost the creation of extra screening in the twin rooms, this would involve a curtain and rail running adjacent to the wall in the centre of the room from the rail dividing the room in two .This would provide for adequate privacy screening required by each resident. This would also allow the resident on the inside of the room to pass out of the room without impacting on privacy and dignity of the resident closer to the door.</p> <p>Anticipated date of completion: 31st July 2018</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A costing has been submitted to Estates for the required works (as above – regulation 26) to be carried out including the conversion of NWA toilets to wet room with wheelchair accessible toilets to ensure compliance with bathroom facilities to meet the needs of 40 residents. Other works as previously discussed have been identified, costed</p>	

<p>and plans for completion range from immediately to 31st December 2018, depending on clinically urgency, flow of work and risk associated.</p>	
<p>Regulation 10: Communication difficulties</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties:</p> <p>A new care plan was discussed with the resident and family members and devised and rewritten outlining residents communication difficulties and effective methods of communication with the resident to ensure that the resident understands and feels safe and secure and reassured. This was completed on 15th March.</p>	

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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(2)	The person in charge shall ensure that where a resident has specialist communication requirements, such requirements are recorded in the resident's care plan prepared under Regulation 5.	Substantially Compliant	Yellow	This was completed on the 15 th of March
Regulation 17(1)	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.	Not Compliant	Orange	This is presently ongoing. Anticipated completion date for all works identified is 31 st December 2018. A significant amount of this work will be completed by 31 st September 2018.
Regulation 17(2)	The registered provider shall, having regard to	Not Compliant	Orange	This is presently ongoing.

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			Anticipated completion date for all works identified is 31 st December 2018. A significant amount of this work will be completed by 31 st September 2018.
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	This is being undertaken at the moment. Completion date for sending our new contracts: 5 th May 2018 Anticipated date for the return of said contracts from NOK: 31 st June 2018
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	Anticipated completion date: 31 st July 2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated	Not Compliant	Yellow	Completed and sent to HIQA on 23 rd March 2018

	centre concerned and containing the information set out in Schedule 1.			
Regulation 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	This was completed 19 th March
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	Date completed: 25/3/2018
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	New robust systems of monitoring have been established. Completion date: 31 st March 2018 and ongoing.
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional	Substantially Compliant	Yellow	All residents will have been assessed as clinically indicated by 31 st December 2018.

	professional expertise, access to such treatment.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	A New robust systems of monitoring have been established so current practices improve. Date of completion: 24 th April 2018 and ongoing
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	Anticipated date of completion: 31 st July 2018