

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Mac Bride Community Nursing Unit
<b>Centre ID:</b>	OSV-0000647
<b>Centre address:</b>	St. Mary's Crescent, Westport, Mayo.
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<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Michael Fahey
<b>Lead inspector:</b>	Conor Brady
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	26
<b>Number of vacancies on the date of inspection:</b>	4

## **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.

**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 Quality 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:	To:
27 May 2015 08:30	27 May 2015 18:30
28 May 2015 08:30	28 May 2015 11:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This was an announced inspection of Mac Bride Community Nursing Unit. As part of this inspection the inspector found evidence of positive outcomes for residents and many examples of good care provided to residents within the designated centre. The inspector also found some areas whereby improvement was required to ensure this designated centre was in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

As part of the inspection the inspector met with residents, family members, the person in charge, staff nurses, care staff, chef, kitchen staff, administration staff, a general operative and household staff members. The inspector reviewed relevant

documentation such as resident's care plans, assessments, audits, risk registers, accident and incident reports, staff files and training records and policies and procedures.

There were 26 residents on the day of inspection residing in this designated centre with a number of additional residents attending the centre for day-care on certain week days.

The inspector found evidence whereby the provider and person in charge had made improvements based on the recommendations of previous inspections. For example, improvements were noted in the areas of end of life care planning, food and nutritional care, management, review and the recording and documentation of resident's care plans.

The inspector also found some areas requiring further improvements. For example,

- Suitability of Premises
- Safeguarding and Safety
- Health, Safety and Risk Management
- Medication Management
- Notification of Incidents

Of significance, the inspector found that there was considerable renovations and building works being completed in this designated centre at the time of this inspection. In essence, half of the building was closed with all residents being relocated temporarily to one half of the building. The renovations being completed were substantial and were part of an overall plan focused to improve the design and layout of the centre.

All of these areas will be discussed in more detail in the main body of the report.

**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 Quality 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 designated centre had a Statement of Purpose in place which complied with the Regulations.

The Statement of Purpose in operation accurately described the aims, objectives and ethos of the service. The facilities and services described in the Statement of Purpose were reflected in practice while all the information required by Schedule 1 of the Regulations was contained within. The Statement of Purpose was also subject to review on a regular basis.

**Judgment:**

Compliant

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

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The inspector found that the quality of care and experience of residents was being

monitored and managed on an on-going basis.

The inspector found that the centre was managed by an appropriate person in charge who was engaged in the governance, operational management and administration of the centre. There was a defined management structure with support systems in place for the person in charge. The person in charge stated she was well supported by the provider who she had daily contact with via phone/email in addition to meeting on a 3 weekly to monthly basis. The person in charge was also supported by senior staff nurses, nurses and care staff within the centre.

The inspector found that all staff and residents were aware as to who was in charge and the rosters and documentation clearly signposted the person in charge. There were staff nurses and care staff present who demonstrated good operational knowledge of the centre and the residents they provided care for. Staff nurses and health care assistants' were aware of the lines of authority and accountability in the designated centre.

Residents and families informed the inspectors they knew who was in charge and were very happy with the care they/their loved ones received.

The inspector found evidence of governance and management auditing taking place within the designated centre. For example, quality assurance reports/audits in the areas of monitoring skin integrity/wound management, weight-loss, dependency levels, use of anti-biotic medications, support/equipment needs. The inspector found evidence of concentrated review of specific areas that were highlighted as deficits in previous inspection reports. For example, food and nutrition, end of life care, care planning, staffing/dependency levels and medication management. The inspector noted improvement in all of these areas.

The person in charge demonstrated good knowledge of the governance and management of the centre and demonstrated a genuine willingness to continually work to ensure the designated centre is moving towards full compliance with the Regulations.

**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 for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector read a sample of contracts and saw that they contained the requirements as outlined in the Regulations. The contracts provided for the care and welfare of residents, services to be provided and the fees to be charged. Of the contracts seen by the inspector all had been signed by all residents. A residents' guide was also in place which complied with the Regulations.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The arrangements for the post of person in charge met the requirements of the Regulations. The person in charge was a registered nurse and had the relevant necessary experience to manage the designated centre.

The person in charge has managed the designated centre for 3 years and had over 24 years relevant experience in the field of nursing both in Ireland, the United Kingdom and other countries.

The person in charge demonstrated a thorough knowledge of her role and responsibilities and demonstrated good knowledge of the governance, management and operations within the designated centre.

The person in charge had qualifications in general nursing and had engaged in continuous professional development through achieving further qualifications in areas including, intensive care and coronary/cardiac care. Furthermore the person in charge had completed a Masters Degree in Leadership and Management.

The person in charge was very familiar with the residents who clearly knew her very well. For example, residents were observed speaking openly and approaching the person in charge over the duration of inspection. The person in charge worked in the centre full time and was very much observed to be a presence 'on the ground' within the designated centre.

Staff, residents and families interviewed were complimentary of the person in charge and the inspector noted she presented as very accessible. Throughout this inspection the person in charge demonstrated competence and good management regarding authority, accountability and responsibility for the provision of services to the residents

in this designated centre. The implementation of previous action plans to address failings identified on previous inspections also demonstrated good commitment to achieving regulatory compliance.

**Judgment:**

Compliant

***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:**

The inspector found that there were policies and procedures in place and some good examples of documentation maintenance in this designated centre. The inspector found that records were maintained in a manner that was clear, accurate and consistent across the designated centre in accordance with the Regulations.

In general there was good documentation maintained in the designated centre in terms of residents' care plans, assessments and resident's personal information on file.

Schedule 5 policies were in place and appropriately reviewed. The inspector found that the resident's information that was reviewed was up to date and maintained to a good standard. Resident's records were treated confidentially and appropriately secured.

Schedule 4 (General Records) such as information provided to residents, charges and fees, food and dietary records and complaints and compliments were maintained to a satisfactory standard.

The majority of Schedule 2 documentation was in place regarding staffing. For example, the inspector found evidence of Garda vetting, references and employment histories for personnel reviewed. All staff photographs were not in place on all staff files but the administration staff stated they would liaise with Human Resources to rectify this and directed the inspector to employee identification cards which contained photographs.

**Judgment:**

Compliant



***Outcome 06: Absence of the Person in charge***  
***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that there were adequate arrangements in place regarding any proposed absences of the person in charge.

The inspector found that there was no Assistant Director of Nursing positions in place within the designated centre who deputised in the person in charges absence. The inspector also found that a Clinical Nurse Management position was vacant for a considerable amount of time.

In the interim the person in charge highlighted that one of three senior staff nurses would deputise in her absence with the support of the provider.

The inspector found that the person in charge was aware of her responsibilities to notify the Chief Inspector in terms of periods of prolonged absence. The inspector found there had not been instances whereby this has occurred to date.

**Judgment:**

Compliant

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found there were measures in place to protect residents being harmed or suffering abuse. However there were improvements required regarding the implementation of safeguarding policy and the timely response to allegations,

disclosures or suspected abuse.

The inspector found appropriate and up to date policies in place regarding the prevention, detection and response to abuse. Staff spoken to were aware of the different forms of abuse and the mechanisms of reporting within the designated centre.

Residents spoken to stated they felt safe in the designated centre and informed the inspector that they were well cared for.

The person in charge demonstrated awareness of the need to continually monitor safeguarding within the designated centre. However the inspector found that while investigations into allegations of abuse took place they were not implemented in line with organisational policy and the most up to date national policy and were not found to be timely. For example, an investigation had not been conducted past the point of preliminary screening regarding an on-going allegation at the time of inspection. The inspector found that this was not a timely response to the issue raised.

Residents requiring support regarding behaviours of concern received appropriate support and staff were provided with training in this area. The inspector found policy in place regarding this issue and found that any restraints or restrictive practices in place were risk assessed and applied in accordance with best practice. For example, the application of lap belts, bed rails and personalised alarm systems were all risk assessed and applied to promote and protect residents from harm.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

The provider and person in charge had measures in place regarding the health and safety of residents, visitors and staff. However some further improvements were required in the area of fire safety.

The inspector found good policies, procedure and practices in the areas of health, safety and risk management. The inspector noted a safety statement, risk management policy and risk management system in place.

The inspector observed that the designated centre had suitable systems in place regarding the management of risk and staff were completing risk assessments in line

with policy and reviewing and updating same. Staff demonstrated risk awareness over the course of inspection and the inspector viewed hazard identification tools and risk assessments risks within the designated centre.

The inspector saw an accident, incident and near miss log that was maintained and effectively monitored by the person in charge. The inspectors found evidence whereby action learning was taking place in this regard. For example, residents at risk of falls were found to be reassessed, risk assessed and their care plans were updated to reflect their changing needs.

The inspector observed the designated centre was kept clean and there were measures in place to control and prevent infection. For example, clinical waste was managed and stored safely.

The inspector saw that staff were appropriately trained in manual handling and safe patient handling and were observed supporting residents appropriately and with respect throughout this inspection.

The inspector found some good practice in place regarding fire safety, evacuation procedures, fire equipment maintenance and auditing for fire safety. The person in charge and support staff had various checklists and safeguards in place. For example, the inspector viewed fire panel checks, inspection of escape routes checks, emergency lighting checks, servicing of equipment checks, fire extinguisher checks and evacuation plan checks, fire hydrant checks.

The inspector found that further improvement was required regarding the completion of fire evacuation drills to ensure that all residents could be evacuated safely at all times. The inspector spoke with the member of staff who monitored this area regularly and found while systems were in place they required more detail to ensure full implementation of emergency evacuations could be completed safely. There was not clear, detailed and accurate records outlining specific drills/evacuations and the outcome of same.

In addition, the inspector found that the arrangements in place regarding the management of residents who smoked required review. For example, there was no smoking apron available for residents who smoked and no appropriate supervision or checking system regarding the smoking room within the designated centre.

**Judgment:**

Non Compliant - Moderate

***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):**

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

**Findings:**

Overall the inspector found that residents were protected by the designated centres policies and procedures regarding medication management. The inspector found that the centre-specific policy on medication management was comprehensive and evidence based. However, the inspector observed an instance whereby medication administration practices did not adhere to the centre-specific policy resulting in potentially unsafe medication management practices.

The inspector found that the person in charge had implemented the required changes following a previous single issue inspection of medication management practices within the designated centre. For example, medication administration records were found to be clear and accurate on this inspection.

Medications were supplied to residents by local community pharmacies on a rotational basis. Staff with whom the inspector spoke with stated that this system was satisfactory.

The inspector noted that medications were stored in a secure cupboard or medication trolley. Medications requiring refrigeration were stored appropriately. The temperature of the medication refrigerator was noted to be within an acceptable range; the temperature was monitored and recorded daily. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

Records made available to the inspector confirmed that appropriate and comprehensive information was provided in relation to medication when residents were transferred to and from the centre. The inspector noted that medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications.

The inspector saw that there was a system in place to identify, record, investigate and learn from medication errors. An incident form was available to report medication errors and near misses which included a section for the person in charge to outline measures implemented to mitigate a reoccurrence.

Staff with whom the inspector spoke outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the community pharmacy for disposal.

The inspector observed medication administration practices and found that the nursing staff did adhere to professional guidance issued by An Bord Altranais. The inspector noted that staff respected residents' likes and dislikes in relation to medication administration as documented in their individual care plans.

However the inspector observed medication administered to residents in some instances whereby the nurse was signing medication as administered before administration. This is not in line with centre policy and best practice guidelines regarding the safe administration of medication. This matter is recorded under Outcome 5 in the

accompanying Action Plan.
<b>Judgment:</b> Compliant

<b><i>Outcome 10: Notification of Incidents</i></b> <b><i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></b>
<b>Theme:</b> Safe care and support
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> The inspector found that while a record of incidents occurring within the designated centre was maintained, there were examples whereby these were not notified to the Authority.  For example, the inspector found that there was an absence of quarterly notifications and reported instances of unexpected deaths submitted to the Authority.  This was discussed with the person in charge who was requested to complete a full review of this area and submit all notifiable incidents retrospectively to the Authority following this inspection.
<b>Judgment:</b> Non Compliant - Moderate

<b><i>Outcome 11: Health and Social Care Needs</i></b> <b><i>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.</i></b>
<b>Theme:</b> Effective care and support
<b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.
<b>Findings:</b> Based on discussions with residents and families, observations of care provided and documentation reviewed, the inspector found that resident's well being and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care.

The inspector observed residents engaging in a number of activities over the course of inspection. For example, residents were observed doing gardening/horticulture, exercise programmes, playing cards, playing bingo, reading and chatting to each other. The residents presented as comfortable and happy in their surrounding with staff engaging with residents in a manner that was observed to be dignified and respectful.

The inspector saw evidence of linkages made by the person in charge with the local community whereby local groups or musicians would come into the designated centre. The inspector saw evidence whereby local community groups assisted in the renovations of an internal courtyard and garden within the nursing home. A staff member responsible for activation and activities coordination demonstrated creativity and innovation with a variety of reminisce, story-telling and inclusive based activities with residents.

The inspector examined a number of care plans and found that resident's health and social care needs were being provided in a professional and structured manner in line with appropriate care planning. The inspector found that plans were being formed, implemented and reviewed on a regular basis and found that nursing staff and health care staff were appropriately familiar with residents' plans.

From a healthcare perspective the inspector found that residents received a good standard of clinical care, assessment led practice and regular medical review.

For example, the inspector found residents had appropriate access to allied health professionals such as GP, speech and language therapist, occupational therapist and dietician.

The inspector found that nursing staff were very familiar with care plans and demonstrated good knowledge of residents healthcare needs. For example, the management of residents with swallowing difficulties requiring modified diets, the management of falls prevention and care planning, continence and constipation management and management of residents at risk of developing pressure sores.

The inspector found good evidence of healthcare services for residents within the designated centre and found that nursing staff were promoting residents to enjoy best possible health. The inspector found that the care plans reviewed were very much 'live documents' that were regularly updated and reviewed and were guiding staff practice.

**Judgment:**

Compliant

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

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

**Theme:**

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

The inspector found that planned design, layout and structural renovations were taking place within the designated centre at the time of this inspection. This work resulted in half of the nursing home being temporarily closed at the time of this inspection with all 26 residents residing in one half of the nursing home. This was not ideal for residents but the inspector found that this process was planned and being completed in consultation with residents and families.

The inspector discussed the building works with the person in charge, staff, residents and families. The inspector found that the renovations were aimed to improve the overall standard, layout and design of the nursing home in line with the Regulations and Standards.

The provider submitted a detailed plan regarding the building works and the timelines regarding the completion of this work (Work to be completed by December 2015). The inspector found that the work been undertaken would address failings identified in previous inspections. For example, increased showering facilities for residents, assistive technology/hoisting equipment installation and a new bath for residents. In addition, resident's bedrooms were being substantially upgraded in terms of new flooring, vanity units, wardrobes/storage, adjusting and replacing doors and overall decoration and finish.

As outlined the inspector found that the work being undertaken at inspection time was considerable with obvious practical disruption observed. Residents were temporarily relocated to shared rooms and half of the designated centre was inaccessible to residents for the duration of the building works.

The inspector spoke with many residents about the works and disruption who stated they did not mind the disruption and were looking forward to seeing the centre when it was finished. Residents who were temporarily sharing rooms stated they did not mind doing so and informed the inspector the process was communicated with them clearly by the staff and the person in charge.

The inspector found that the new building work would reduce the numbers of the nursing home by one as one bedroom was being converted into an assisted shower room for residents.

The inspector found that the proposed building works were not addressing one identified failing from a previous inspection. The inspector found that there was still inadequate space for each resident's use in the dining room. For example, in observing mealtimes the inspector found that all residents did not have sufficient space to attend

the dining room and those that did had limited space.

**Judgment:**

Non Compliant - Moderate

**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):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that there was a complaints policy and procedure in place that was accessible to each resident and/or their families, advocate or representative. The inspector found evidence of a transparent and open approach to complaints and the person in charge was accessible in this regard.

The inspector found that there were no complaints in process at the time of inspection but found a number of compliments and cards thanking the person in charge and staff (from resident's families). The person in charge highlighted that local resolution of complaints was the outcome of the majority of issues raised by residents and families. The inspector found the complaints policy was accessible for both residents and visitors and there was clear direction as to how to make a complaint. Residents and families spoken to informed the inspector they knew how to make a complaint.

**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):**

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

**Findings:**

Overall measures were in place to ensure each resident received appropriate care at the end of life stage.



The inspector found that provision was made to meet resident's physical, emotional, social, psychological and spiritual needs and found that resident's wishes and autonomy were respected in this area. Since undergoing a thematic inspection on end of life care the inspector found concerted efforts on the part of management and staff in this area within the designated centre.

For example, there were written operational policies and protocols in place that staff were familiar with. The inspector reviewed a number of end of life care plans and found residents received end of life care in a manner that was person centred which promoted dignity and respect. The inspectors found that resident's cultural and religious practices were facilitated where requested.

Residents had access to specialist palliative care services where appropriate. Residents' families were supported to stay and visit their loved ones who were at end of life stage. All staff spoken to discussed the necessity for professional sensitivity with all residents and families nearing end of life stage and staff training was provided in this area.

**Judgment:**

Compliant

***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):**

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

**Findings:**

Each resident was provided with food and drink in quantities adequate to their needs. The inspector found that food was properly prepared, cooked and served to residents in a manner that was respectful.

The inspector found that since a previous thematic inspection, that looked at this area specifically, the person in charge had implemented actions around the area of food and nutrition.

For example, Speech and Language Therapy (SALT) assessments for residents were in place with specific guidance in relation to resident's swallowing ability and modifications required for food and drink. The inspector observed residents provided with food and drink in accordance with their care planning documentation and assessments.

Residents had recently been reviewed by a dietician and on-going reviews were taking place regarding residents losing weight, the use of supplements, modified diets,

nutritional assessments, and food and fluid intake and output records.

Regarding food and nutrition the inspector observed the provision of a varied and balanced diet to residents. The inspector met with the chef and kitchen staff and observed a variety of choice and rotation of menus within the designated centre. The residents were observed enjoying their meals at a calm and comfortable pace.

Residents spoken to state they were very happy with the food they were provided and that they could get anything they requested from the kitchen.

The inspector found there was good communication between the kitchen and staff delivering care to residents. The inspector found kitchen staff who knew residents needs well and were open to facilitating resident's requests on any given day regarding the provision of meals.

Residents and families informed the inspector they were happy with the quality and quantity of food they received in the designated centre.

**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 consulted with and were offered the opportunities to contribute to their care plans and the activities within the designated centre. The inspector found that staff demonstrated good awareness of the importance of promoting respect, choice and control for residents to maximise independence.

The inspector noted that:

- The person in charge and staff met with residents on a regular basis
- Resident questionnaires and surveys were adopted to capture resident's views.
- Resident's were offered choice regarding areas such as food and activities.
- Staff were aware of residents needs, wishes and abilities and independence was

promoted.

- Good communication existed with resident's families and next of kin regarding consultation and care provided.

The inspector observed that staff were caring and considerate in their interactions with residents throughout the inspection. Residents were observed to be happy and comfortable with staff. The inspector saw residents enjoying aromatherapy, horticulture, reading the paper and talking with each other and staff.

Regarding resident's privacy as outlined earlier in the report the inspector found that some residents privacy was altered due to the building works whereby residents within this designated centre were temporarily relocated into shared rooms (three beds to a room). The inspector found that in these instances residents had sufficient space for privacy as rooms were large.

The inspector spoke to a number of affected residents who stated they did not mind this change and that the process had been communicated with residents and families. Residents informed the inspector that they had been in the nursing home for many years and welcomed the renovations and changes and therefore did not mind the temporary disruption it caused.

**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' personal property was appropriately provided for and laundry services within the designated centre were satisfactory.

A policy on resident's property and possessions was in operation in the designated centre. The policy outlined how residents' belongings were to be managed and provided for the recording of a resident's goods and valuables. The inspector reviewed such records and found them to be well maintained and stored.

There was sufficient space for residents to store their belongings. Each resident had a bedside locker and storage was also in residents' rooms. As part of the renovations rooms and décor were being updated and improved. From speaking to laundry staff and

observing the return of residents' clothing to rooms, the inspector was satisfied that adequate systems were in place to ensure the safe return of clothing to residents. All clothes and residents belongings were managed respectfully.

Residents stated they were happy with the laundry service and expressed no issues with same. There was a laundry communication file observed with clear guidelines and each resident's possessions went into a named basket and was returned to residents rooms by staff.

The inspector found three monthly property reviews and found strict guidance around resident's property, belongings and finances/monies found in the designated centre.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

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

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

**Findings:**

There were appropriate staff numbers and skill mix to meet resident's needs in accordance with the size and layout of the designated centre.

The inspector found that there had been improvement in the area of provision of mandatory and centre specific staff training as highlighted in previous inspection reports. The person in charge also highlighted that she was continually reviewing staffing levels based on dependency levels of residents.

There were adequate staff on duty to meet the needs of residents and all residents were observed to be supported with dignity and respect over the course of the inspection. In reviewing the roster the inspector found that there were consistent staffing ratios provided to residents. Residents and families spoken to by the inspector expressed that they felt that there were appropriate nursing and care staff in the centre.

The inspector found an updated training record and reviewed a number of staff training schedules. The inspector found mandatory training provided in the areas of fire safety, manual handling, protecting vulnerable adults and occupational first aid/responder.

Additional staff training was provided in a wide range of areas such as patient safety, care planning, infection control, dementia, end of life care and dysphagia.

The inspector found staff to be appropriately knowledgeable in their respective roles and adequately aware of the Regulations and Standards. Staff were supervised in their roles and the inspector found regular staff meetings were taking place and were recorded.

The inspector found that Schedule 2 documentation was in line with regulatory requirement and found that all staff were recruited and Garda vetted in line with best practice guidelines.

**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:***

Conor Brady  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	Mac Bride Community Nursing Unit
<b>Centre ID:</b>	OSV-0000647
<b>Date of inspection:</b>	27/05/2015
<b>Date of response:</b>	07/07/2015

### 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 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

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

The centres medication management policy was not always reflected in practice in relation to medication administration.

#### Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

<sup>1</sup> 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:**

The PIC has informed all nursing staff that medication must be administered to a resident first before signing the administration record. This has been discussed at the nurses meeting and communicated in writing in the communication book and a poster on the wall of the medication room. The PIC will audit this three monthly to ensure that this practice ceases immediately.

**Proposed Timescale:** 22/06/2015

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

The investigation of an allegation was not found to be timely or in accordance with organisational and national policy.

**Action Required:**

Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

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

The investigation team has been appointed by the provider and the people involved have received a letter with a date and time of a meeting with the team on 3rd and 7th July.

**Proposed Timescale:** 31/07/2015

**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 not sufficient evidence that fire evacuations were robust enough to ensure all residents can be evacuated safely in the event of a fire. This area needs further review.

**Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

The PIC has received a copy of the HSE fire safety register which has a comprehensive record of what happens at a fire drill including use of equipment, duration of the session and fire safety awareness. This will be used going forward.

**Proposed Timescale:** 22/06/2015

**Theme:**

Safe care and support

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

Fire safety precautions regarding residents who smoke were not adequate and require review.

**Action Required:**

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

Two fire retardant aprons have been purchased and are in place in the smoking room. A checklist has been designed for staff to sign that they have spoken to residents and checked on them regularly whilst in the smoking room.

**Proposed Timescale:** 22/06/2015

**Outcome 10: Notification of Incidents****Theme:**

Safe care and support

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

Quarterly notifications were not completed and submitted on all required occasions.

**Action Required:**

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

The notifications have been sent and paper copies of the restraint register were sent to HIQA. Going forward these will be sent electronically.

**Proposed Timescale:** 22/06/2015

**Theme:**

Safe care and support



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

All 3 day notifications had not been submitted to the Chief Inspector.

**Action Required:**

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

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

The notification omitted in error has been sent, and any necessary notifications will be sent in accordance with the requirement in future.

**Proposed Timescale:** 22/06/2015

**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:**

There was not adequate dining space for all residents.

**Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The Provider discussed the matter of the dining room with the Director of Estates and she said that there is no provision in the Estates refurbishment plans or funding to extend the dining room to meet this identified need.

I will continue for the comfort of the residents to use the day room for dining purposes on occasions where the dining room is full.

**Proposed Timescale:** 30/06/2015

