

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Maria Goretti Nursing Home
<b>Centre ID:</b>	OSV-0000417
<b>Centre address:</b>	Proonts, Kilmallock, Limerick.
<b>Telephone number:</b>	063 989 83
<b>Email address:</b>	mgnh@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Maria Goretti NH Partnership
<b>Provider Nominee:</b>	Helen O'Mahony
<b>Lead inspector:</b>	Margaret O'Regan
<b>Support inspector(s):</b>	Mary Costelloe
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	52
<b>Number of vacancies on the date of inspection:</b>	9

## **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 2 day(s).

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

From:	To:
28 April 2015 09:30	28 April 2015 17:00
29 April 2015 09:30	29 April 2015 16:30

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

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

**Summary of findings from this inspection**

This was the tenth inspection of Maria Goretti Nursing Home carried out by the Health Information and Quality Authority. The provider made an application for the centre to be registered under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. This

registration inspection was announced and took place over two days.

The centre is operated by a partnership comprised of Helen O'Mahony, Kathleen O'Mahony, Eamonn O'Mahony and Michael O'Mahony. It is located on the outskirts of Kilmallock in Co. Limerick. It is a purpose built nursing home and has been in operation since 2000. The majority of residents are older persons.

Maria Goretti Nursing Home currently provides, short and long term care for up to 59 residents. This is a reduction from the previously registered capacity of 62, as one single room was assigned for aromatherapy and other treatments, and a twin room was designated a storage room to overcome the previously identified storage deficit.

The centre has a central atrium with three corridors leading from it. There is a hairdressing room, an aromatherapy room, two dining rooms, an oratory, a smoking room, a clinical room, a private meeting room and two offices. One large atrium and a smaller atrium make up the main seating areas for residents. The centre has a well equipped kitchen and laundry. Both male and female residents are accommodated in rooms which vary from single occupancy, to twin rooms, to four bedded rooms.

As part of the inspection, the inspectors met with residents, relatives and staff. The inspectors observed practices and reviewed documentation such as personal plans, medical records, policies and procedures.

The premises has undergone improvements in the past two years; however, it remained a challenge to offer all residents the adequate privacy and dignity as set out in the centre's statement of purpose. This was due to the high number of multi occupancy rooms. This is discussed in outcomes 12 and 16. The centre was comfortable, clean and warm. Communal and dining rooms were homely and there was a relaxed atmosphere in the nursing home. Residents and relatives commented on the comfortable feeling within the centre. They also remarked on the great attention afforded to them by the person in charge and all the staff. Decoration work had taken place recently which included repainting, new curtains in one dining room, the insertion of a fireplace and wallpaper in the small atrium creating a more inviting and interesting place. The centre's ambiance was improved with the addition of attractive soft furnishing and other decorative initiatives.

Overall, the inspectors found that a high standard of care and support was delivered to residents. Staff were knowledgeable regarding residents' needs and the inspectors were satisfied that individual needs were being met. Residents appeared relaxed in their home and in the company of staff and fellow residents. Several residents and relatives completed questionnaires giving their views with regards to care. All responses were very complimentary and could be summed up by one relative's comments which were "It is a lovely homely facility and the person in charge is a wonderful caring person. The home has wonderful staff. We can never thank them enough for the care my relative gets".

The inspectors saw that residents were supported to achieve good health outcomes and to participate in activities appropriate to their wishes, abilities and needs. Residents were supported to be as independent as possible and to develop and

maintain links with their family, friends and the wider community. Residents and relatives were positive in their comments with regards to the activity programme available, in particular the art therapy that was provided for in the centre.

Residents were consulted in the planning and running of the centre and in decisions regarding their own care. Minutes of resident meetings were available for inspection. Arrangements were in place to monitor and improve key areas in the provision of safe, quality care.

In most outcomes the centre was found to be in compliance with regulations. The issues which did arise were in relation to governance and management and the shortcoming of the multioccupancy rooms. Some minor issues arose with documentation but overall documentation was accurate, up to date and easily retrievable.

These and other issues are outlined in the report below.

**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:**

There was a written statement of purpose that described the service that was provided in the centre. Achieving all the aims of the statement of purpose were curtailed due to the compromise that the multioccupancy rooms made to residents' privacy and dignity. This is further referenced in Outcome 16.

Minor changes were required to reflect Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. These included the inclusion of the conditions of registration and the surname of the deputy person in charge, There were a number of typing errors which needed to be corrected.

**Judgment:**

Substantially 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):**

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

**Findings:**

Overall, the governance and management of the centre was unchanged since the previous inspection. There continued to be limited formal communication between the providers, which impacted on the longer term plans for the centre. Despite this, the provider nominee did appear to have more autonomy than was evident previously and was managing the day to day operation of the centre in a safe and effective manner.

While acknowledging the effectiveness of the day to day management, the ongoing difficulties faced by the providers around ownership, business structure and who makes decisions, continued to create management uncertainty. This has been the situation for a number of years. Responses to previous action plans indicated progress was being made to build certainty but this had not been achieved at the time of inspection. The management structure lacked clarity as to the lines of authority and accountability, specific roles of providers, and details of responsibilities for all areas of service provision.

**Judgment:**

Non Compliant - Moderate

***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:**

There was a guide to the centre available to residents. Residents had written contracts agreed on admission. Contracts dealt with residents' care and welfare and set out the services to be provided. The contract set out the fees being charged to the resident.

**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 centre was managed by a suitably qualified and experienced nurse manager. The manager had extensive experience in the area of nursing of the older person. She demonstrated sufficient clinical knowledge and a sufficient knowledge of the legislation and her statutory responsibilities.

The person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis; albeit that her post while full time, was temporary. Residents could identify the person in charge. The governance issues identified in outcome 2 impacted on the post of person in charge becoming a permanent position.

**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):**

No actions were required from the previous inspection.

**Findings:**

The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were generally maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. However, some assessments were missing dates and signatures. As discussed in outcome 1, the statement of purpose needed editing.

The centre was insured against accidents or injury to residents, staff and visitors. The centre had 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.



**Judgment:**

Substantially 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:**

The Chief Inspector was notified when there was a proposed absence of the person in charge from the centre and the arrangements in place for the management of the centre during her absence.

**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:**

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Staff were trained in the policy and procedures in place for the prevention, detection and response to abuse. Staff knew what constitutes abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

The provider and person in charge monitored the systems in place to protect residents and ensured that there were no any barriers to staff or residents disclosing abuse. Residents told inspectors they felt safe in the centre.

There was a policy on, and procedures in place, for managing behaviour that is challenging and a policy on, and procedures in place, for the use of restraint. Staff had the appropriate knowledge and skills in this area. Efforts were made to identify and alleviate the underlying causes of behaviour that is challenging and where restraint was used it is in line with the national policy on restraint. A restraint free environment was promoted.

**Judgment:**  
Compliant

***Outcome 08: Health and Safety and Risk Management  
The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**  
Safe care and support

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

**Findings:**  
The centre had policies and procedures relating to health and safety. There was an up-to-date health and safety statement.

There was a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

In general, satisfactory procedures were in place for the prevention and control of healthcare associated infections. However, the manner in which dirty clothes were handled needed review. For example, colour coded laundry bins were in place but were incorrectly used.

Reasonable measures were in place to prevent accidents in the centre and grounds. However, some cleaning agents were seen to be in unlabelled containers.

Staff were trained in moving and handling of residents. The culture in the centre was to investigate and learn from serious incidents/adverse events involving residents.

Suitable fire equipment was provided. Bedding and furnishings were fire safe. There were adequate means of escape and fire exits were unobstructed.

The fire alarm was serviced on a quarterly basis and fire safety equipment serviced on an annual basis. Frequent fire drills took place

**Judgment:**  
Substantially Compliant

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***Outcome 09: Medication Management***  
***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**  
Safe care and support

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

**Findings:**  
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were generally safe and in accordance with current guidelines and legislation. However, greater cognisance should be given to the arrangements in place to ensure that staff were not interrupted when checking receipt of medicines from the pharmacy.

In general appropriate medication management practices were in place. However, the management of drugs that are required on an "as needed" basis (PRN) needed to be reviewed. One resident who was prescribed PRN medication did not have a supply of this medication in stock as staff stated, and the records showed, the resident had not required it for a long time. However, the resident prescription chart was not updated to show that the medication was no longer required.

There were appropriate procedures for the handling and disposal for unused and out of date medicines. A system was in place for reviewing and monitoring safe medication management practices. There was an open and transparent culture of recording medications errors and near misses and changing practices to minimise a reoccurrence.

Pharmacists were facilitated to meet their obligations to residents. While medications were generally supplied by one supplier, some residents had chosen a different pharmacist.

**Judgment:**  
Substantially Compliant

***Outcome 10: Notification of Incidents***  
***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**  
Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

A record of incidents occurring in the centre was maintained. Notifiable incidents were notified to the Chief Inspector within three days. Quarterly reports were provided to the authority to notify the Chief Inspector of any incident which involved personal injury to a resident.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents' health care needs were met through timely access to medical treatment. Residents had access to allied health care services which reflected their diverse care needs.

The assessment, care planning processes and clinical care accorded with evidence based practice. Each resident had been assessed immediately before or on admission to identify his/her individual needs and choices. Residents had a choice of medical practitioner, where possible.

Residents has personalised care plans which detailed their needs and choices. Residents and their families were involved in the assessment and care planning process. Care was delivered to residents in accordance with his/her care plan. With the exception of one care plan examined, all others were reviewed on an ongoing basis at a minimum of every four months.

The introduction of a midday hand over report had enhanced the communication between staff around resident care issues.

**Judgment:**

Compliant

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

**Findings:**  
 The centre was clean, tidy, warm and organised. Actions outlined in previous inspections in relation to the premises had, in the main been addressed. For example, several of the old beds had been replaced with more modern ones. A system was in place to check that call bells, lighting, furniture were in good repair. A record was maintained of such checks and a walk through of the premises indicated the centre was well maintained. Window restrictors were placed on all windows since the last inspection, the sitting and dining areas had been redecorated to create a homely atmosphere. One twin room was designated as a storage room.

Equipment was maintained and stored to a safe standard. Records were maintained of servicing. There was a well equipped kitchen. Satisfactory environmental health officer reports were available.

**Judgment:**  
 Compliant

**Outcome 13: Complaints procedures**  
*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

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

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

**Findings:**  
 There were policies and procedures in place for the management of complaints. The

complaints process was accessible to residents and displayed in a prominent place. Residents were aware of the complaints process and told inspectors they had no problem in discussing any matter with the person in charge or any member of staff.

A record was made of complaints, investigations, responses & outcomes. There was a nominated person to deal with complaints and complaints were investigated. There was an appeals process should the complainant be dissatisfied with the outcome of 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):**

No actions were required from the previous inspection.

**Findings:**

Residents received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs and respected his/her dignity and autonomy. This was evident from the discussions inspectors had with staff, from the care plans reviewed and from the feedback provided to inspectors from relatives.

The majority of residents in the centre were accommodated in twin rooms or four bedded rooms. However, a single room was designated for end of life care should a resident and/or his/her family wish to avail of this.

**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):**

No actions were required from the previous inspection.

**Findings:**

Residents were provided with food and drink at times and in quantities adequate for his/her needs. The inspectors saw and tasted food which was properly prepared, cooked and served, and which was wholesome and nutritious.

Assistance at meal times was offered to residents in a discrete and sensitive manner. Inspectors observed that meal times were flexible with many residents enjoying a late breakfast. A member of the care staff was assigned duties to supervise mealtimes and the inspector noted that this was very effective.

Residents were weighed regularly and referred for dietetic and speech and language support when or if the need arose.

**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):**

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

**Findings:**

It was written in previous inspection reports that a plan had to be put in place as to how the National Quality Standards for Residential Care Settings for Older People in Ireland could be met by 2015, in terms of changing multi-occupancy rooms to accommodation which provided more privacy and dignity. The provider had responded in November 2014 indicating this matter would be addressed. However, at the time of this inspection (May 2015) no progress had been made on this issue. There continued to be five four-bedded rooms and eight twin rooms in the centre. While the rooms were spacious, residents' privacy and dignity was compromised by virtue of residents in long term care sharing bedrooms with up to four people. For example, it was not feasible for visitors entering a four bedded room to seek permission from all occupants of that room to enter their room; while screening curtains were in place these only offered partial privacy for residents using commodes or having a bed bath; while efforts were made to

personalise rooms this was hindered due to the different requirements of the occupants.

Having this type of accommodation was at odds with the centre's mission statement as set in its statement of purpose. The statement of purpose stated "Maria Goretti Nursing Home is committed to providing a high level of holistic person centered care in a dignified and respectful manner for each resident and endeavours to foster a homely environment with emphasis on promoting independence, choice and privacy for all the residents who reside in the nursing home." Residents in Maria Goretti Nursing Home had limited choice of being provided with a private room.

**Judgment:**

Substantially 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:**

There was a policy on residents' personal property and possessions and a record was maintained of such property.

Residents could retain control over their own possessions and clothing; and adequate space was provided for residents' personal possessions.

There are adequate laundry facilities with systems in place to ensure that residents' own clothes were returned to them

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

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



**Regulations 2013 are held in respect of each staff member.**

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

There were appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the centre. Staff had up-to-date mandatory training and access to education and training to meet the needs of residents. Staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. Staff files examined were complete. A good staff induction process was in place.

**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:**

Margaret O'Regan  
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>	Maria Goretti Nursing Home
<b>Centre ID:</b>	OSV-0000417
<b>Date of inspection:</b>	28/04/2015
<b>Date of response:</b>	18/09/2015

### 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 01: Statement of Purpose

**Theme:**

Governance, Leadership and Management

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

Some matters set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were not contained in the statement of purpose.

**1. Action Required:**

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

The statement of purpose has now been amended.

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

**Outcome 02: Governance and Management**

**Theme:**

Governance, Leadership and Management

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

The management structure lacked clarity as to the lines of authority and accountability, specific roles of providers, and details of responsibilities for all areas of service provision.

**2. Action Required:**

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The management structure is undergoing a change of entity. This change will clarify the lines of authority and accountability.

**Proposed Timescale:** 31/12/2015

**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:**

Some assessments were missing dates and signatures.

**3. Action Required:**

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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

The P.I.C. has sourced and implemented a more comprehensive user friendly directory of residents register ensuring that all information is recorded. The format of the new register indicates and will assist staff in recording all information required. Updates on

the completion of documentation pertaining to this directory has been facilitated by the P.I.C. Documentation deficits were highlighted to all nursing staff in relation to updating the care plans as per regulation every 4 months.

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

### **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:**

Cleaning agents were seen to be stored in unlabelled containers.

**4. Action Required:**

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

All cleaning agents are now stored in their original containers or in clearly labelled containers. Staff have been educated and are scheduled to attend further training in relation to risk management and safety of all cleaning agents.

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

**Theme:**

Safe care and support

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

The procedures in place for the management of dirty and soiled clothes were not in line with good standards for the prevention and control of healthcare associated infections.

**5. Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Additional training has been sourced to educate and update staff member in infection control and management of clothing in the laundry

**Proposed Timescale:** 14/09/2015

## Outcome 09: Medication Management

### Theme:

Safe care and support

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

A prescribed medicinal product was not supplied to the centre.

### 6. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Protected time has been afforded to staff nurses for the purpose of checking receipt of medicines from the pharmacy (1) monthly receipt of medications (2) each evening on receipt of medications. Each resident who has been prescribed PRN medication has a stock of same in the centre. A stock check book for PRN medications has been introduced as suggested by the HIQA inspector. PRN medications are reviewed when required by GP/Psychiatrist. The pharmacy conducts a 4 monthly medication review.

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

## Outcome 16: Residents' Rights, Dignity and Consultation

### Theme:

Person-centred care and support

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

Multioccupancy rooms compromised residents to undertake personal activities in private.

### 7. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Screening curtains are provided around all beds in the multi-occupancy rooms. There is space behind the curtains to use assistive equipment such as hoists, should the need arise. All residents in these rooms have their own wardrobe and storage space. Each multi-occupancy room has a wheelchair accessible ensuite. The ensuite has a toilet, shower and wash hand basin. Residents in the four bedded rooms are given the option to move to a single or twin room when one becomes available. When there are vacancies in the centre, the number of residents in the four bedded rooms is reduced accordingly.

<b>Proposed Timescale:</b> 14/09/2015