

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Peter's Nursing Home
Centre ID:	OSV-0000122
Centre address:	Sea Road, Castlebellingham, Louth.
Telephone number:	042 938 2106
Email address:	stpeters@trintycare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Costern
Provider Nominee:	Keith Robinson
Lead inspector:	Sonia McCague
Support inspector(s):	Siobhan Kennedy
Type of inspection	Announced
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	8

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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 17 May 2016 09:30 To: 17 May 2016 17:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The purpose of this inspection was to follow up on the actions arising from the previous inspection in January 2016. Following the inspection a meeting was held with the provider and a warning letter was issued in relation to the contravention of the Health Act 2007. Assurances were received by the provider and management group in relation to the implementation of all required actions in a timely manner.

On the previous inspection major non compliances were identified under a number outcomes with respect to governance and management, safeguarding, health and safety and risk management, care provision, notification of incidents, maintenance of records and suitable staffing. In their response to the findings, the provider stated the action they would take to address these failings, including a review of the governance and management, staff skill mix, training provision and supervision arrangements.

On the date of the inspection there were 30 residents in the centre. There were eight vacancies and one resident was in hospital. Inspectors met with residents and relatives, spoke with staff and management, observed practice, reviewed

documentation and inspected parts of the premises.

Inspectors found that the issues previously identified had been addressed within the time-scales provided. The action plans relating to staff training was ongoing and further improvement was required in relation to the recording of clinical practice.

Since the previous inspection the Health Information and Quality Authority (HIQA) received unsolicited information which the provider investigated following a request by HIQA. The provider and the complaints register confirmed that the issues of concern highlighted within the unsolicited information had not been brought to the attention of the provider or the person in charge as a complaint or grievance. The issues of concern were not substantiated by the provider following their investigation or by inspectors following this inspection.

The overall findings are outlined within the body of the report and in the action plan at the end for response by the provider.

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 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 actions required from the previous inspection were addressed.

Since the previous inspection, the quality of care and experience of the residents was sufficiently monitored and developed on an ongoing basis.

Effective management systems and sufficient resources were put in place to promote the delivery of safe, quality care services. Improvements were brought about as a result of the learning from the monitoring and management systems put in place and reviews completed.

Changes in the management structure had occurred since the previous inspection. A

clearly defined management structure was put in place that identifies the lines of authority and accountability. Staff were complimentary of the management structure and communication arrangements put in place since the previous inspection and were satisfied with the structured reporting arrangements. Suitable arrangements were put in place to support, develop, supervise and manage staff and review their performance.

An annual review of the quality and safety of care delivered to residents was completed since the previous inspection to inform areas for improvement in 2016. A copy was submitted to HIQA in accordance with action plan response. Action plans to achieve identified areas of improvement were progressed.

There was evidence of consultation with residents and their family or representatives.

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:

Since the previous inspection a change in the person in charge was notified to HIQA in March 2016.

Inspectors observed that the new person in charge was fully engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

The person in charge told inspectors she worked in the centre on a full-time basis. This was reflected in the staff roster received and confirmed by the provider nominee and staff on duty.

The person in charge is a suitably qualified and an experienced nurse who has previously worked as a director of nursing. She had sufficient clinical experience and knowledge of the legislation and of her statutory responsibilities.

The person in charge, provider nominee and the staff team facilitated this inspection and were knowledgeable of residents' care and conditions.

Staff confirmed that improved and good communications exist within the staff team.

Residents and relatives could identify the person in charge, management and staff members.

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 actions required from the previous inspection were addressed with further improvement in some areas required.

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 were maintained in a manner to ensure to ease of retrieval.

The designated centre had the written operational policies required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 available. Arrangements were put in place such as staff meetings to inform and familiarise staff with relevant policies and procedures. Policies such as complaints management, safeguarding residents, risk management and communication had been discussed in the recent meeting. Staff had acknowledged their understanding of policies and were informed of the application of policies to practice. Staff who spoke with inspectors were familiar with the policies and procedures to be implemented such as the management of incidents, accidents, behaviours that challenge or reporting concerns.

A record of all complaints received or made by residents or their representatives or relatives, and the action taken by the management team on foot of complaints were sufficiently maintained.

A record with details of a plan relating to residents in respect of specialist health care following an assessment and or case reviews were maintained in the centre to

demonstrate involvement and recommendations that informed a care plan.

A record of incidents occurring in the centre was maintained that included episodes of behaviours that challenged, falls, injuries and accidents including one medication related incident. Further recommendations were made by inspectors regarding the recording of clinical practice to ensure a high standard of evidence based nursing care in accordance with professional guidelines.

These recommendations included:

- avoid summation in nursing records such as observe non verbal communication
- in addition to indication the next of kin were informed, ensure all relevant details including the actual name of the person informed following an incident and the date and time they were notified at should be included in incident records, and
- carry out an assessment to identify each or any resident's relatives, family or significant other/s to be involved (or not) with the resident's consent following admission. A sufficient and complete record of the name, address and telephone number should be maintained with consideration to more than one person or persons from the same household.

Judgment:

Substantially 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):

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

Findings:

The actions required from the previous inspection were addressed.

Training for staff in relation to behaviour that challenges had been provided since the previous inspection. An acknowledgement of staff understanding of training was sought through verbal and written feedback after training.

Staff had received training in relation to safeguarding residents, positive behaviour support or approach, understanding dementia and behaviours that challenge. Further dates were planned to ensure all staff had this training which was to be tailored to the resident profile and based on staff feedback after training events. A programme of training dates was planned to ensure all staff have sufficient up to date knowledge and

skills, appropriate to their role, to respond to and manage behaviours that challenge. Staff who spoke with inspectors were confident in their ability to respond to residents' needs.

Since the previous inspection, episodes of behaviours that challenge that posed a risk to residents had been recorded, appropriately assessed, reported, responded to and managed. Improvements in practice, initiatives and control measures were put in place to protect residents from harm or abuse.

Staff who spoke with inspectors were knowledgeable of and confident in the measures put in place to safeguard residents. During the inspection staff were seen supervising residents in a discreet, responsive and appropriate manner. Staff demonstrated a proactive approach to residents in response to residents' behaviour that challenged which reassured other residents.

Staff were knowledgeable in relation to the requirement to implement operational procedures available and of their reporting responsibilities. Overall, staff awareness, supervision and training, and reporting arrangements relating to safeguarding vulnerable adults had improved since the previous inspection.

Incidents between residents and towards staff had been recorded, investigated, reviewed and reported to management in accordance with the policy and procedures available and described by management. Input from and reviews of residents by multiple disciplines that included a psychologist, general practitioner, occupational therapist, nursing and care staff was carried out since the previous inspection and or following incidents to bring about improvements.

Inspectors were told that support meetings with external agencies that included a senior social worker and psychiatric personnel had taken place to review identified risks and improve safeguarding measures. Later this week two senior management personnel were due to attend safeguarding training specific to the role of a designated officer in accordance with the national policy 'safeguarding vulnerable persons at risk of abuse' (HSE 2014).

The provider and person in charge had arrangements and systems in place to monitor the quality of care provision and to protect residents. Residents who spoke with inspectors said they were satisfied with the service, and felt safe and supported by staff members.

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):

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

Findings:

The actions required from the previous inspection were addressed.

Since the previous inspection, improvements were found in relation to the application of operational policies and systems that included the identification, assessment and management of actual and potential risks were in place.

Improvements were found in relation to the arrangements to review identified risks or incidents to ensure reasonable controls were put in place, as outlined in other outcomes.

Allegations and episodes of abusive, threatening and or aggressive behaviour had been recorded, sufficiently reported and assessed to ensure all risks were identified, investigated and reviewed. Sufficient measures and actions were taken to control identified and reported risks and inform learning following all adverse incidents involving residents.

Improvements in relation to infection prevention and control procedures and monitoring systems had been put in place to ensure appropriate hygiene standards were implemented in practice. Training of staff in infection prevention and control and food hygiene had been completed since the previous inspection. Staff were knowledgeable in relation to their role and responsibilities, and of the reporting structure. Systematic checks and cleaning regimes of resident's rooms, furniture and fittings were in place to promote good standards of hygiene which was observed on this inspection.

Improved communication and reporting arrangements between staff and management were reported by staff to ensure risk management procedures were followed.

Judgment:

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):

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

Findings:

The actions required from the previous inspection were addressed.

Records of incidents occurring in the centre were maintained that included episodes of behaviours that challenged, serious injuries and accidents. Inspectors were informed and confirmed in the records reviewed that there were no reported allegations or suspicions of abuse and no reported staff misconduct or disciplinary proceedings since the previous inspection.

Notifications to HIQA were submitted, as required. Further information was required in relation to an error recorded in the first quarters notifications submitted. The provider and person in charge agreed to provide further information following this inspection.

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):

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

Findings:

The actions required from the previous inspection were addressed.

From a review of resident documentation and clinical records, improvements were found in the recording, reporting, communication and management of clinical records. While some areas for further improvement was outlined in outcome 5.

A comprehensive assessment to inform the behavioural support plan of residents had been sufficiently maintained and communicated to staff. Regularised review meeting provided opportunities to consider existing arrangements and recommend alternative options for consideration or implementation. A recognised assessment tool to monitoring residents behaviours that challenged was maintained and reviewed by staff following incidents. Alternative approaches were considered and adopted by staff following a review of behaviours that included a revised or updated care plan. Alternative approaches applied were a variation in an activity such as a meaningful activity on a one to one basis with individual residents for periods when a heightened mood was anticipated or additional supervision measures or arrangements at times when an escalation in behaviour was noted.

Care plans were informed by the assessments and reviews undertaken. In the sample of care plans reviewed inspectors seen that they had been updated at suitable intervals to reflect changes and or events since the last inspection.

Residents were seen enjoying various activities during the inspection. Each resident's preferences were assessed and this information was known by staff and used to plan the activity programme. Residents who were confused or who had dementia related conditions were encouraged to participate in the activities and many of the activities were particularly suitable for these residents. A daily programme of events was on display in the reception area. Religious ceremonies, music and a range of both group and individual activities were available on the weekly basis.

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):

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

Findings:

The actions required from the previous inspection were addressed.

A complaints procedure was displayed and a policy was in place that had been reviewed and updated since the previous inspection. The new person in charge was the nominated complaints officer with responsibility to manage complaints or concerns.

The register of complaints since the previous inspection was available in the centre and reviewed by inspectors. All complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint were recorded, and distinct from a resident's individual care records.

Six complaints were received since the last inspection, none of which reflected unsolicited information and concerns received by HIQA. Four complaints had been addressed to the satisfaction of the complainant. However, two of the complaints received were still under investigation. The provider nominee and person in charge told inspectors they were involved in investigating the matters of concern for response. An appeals process formed part of the complaints procedure available.

Inspectors were told by the person in charge that an advocacy service had been used by some residents in the past. She planned to ensure all residents were informed of the

availability of this independent service.

Residents and relative meetings had taken place since the previous inspection that offered them an opportunity to raise concerns, discuss the previous inspection findings and inform attendees of the service plans going forward. Consideration to regularising relative meetings was under consideration by the person in charge as a means of communication and providing relevant information on topics such as understanding dementia.

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:

The actions required from the previous inspection were addressed and ongoing.

A review of staff numbers, skill mix and supervision arrangements required following the previous inspection had been completed. As a result, additional nursing hours were provided in the afternoon and evening that resulted in a skill mix of two nurses daily from 8am to 8pm supported by the person in charge five days of the week. A clinical nurse manager was available to deputise in the absence of the person in charge.

On the day of inspection, the staffing skill mix included two nurses, six care assistants, an activity co-ordinator who worked full time (Monday to Friday), three catering staff, two housekeeping staff and a receptionist. Other support staff employed by the provider that met with inspectors during the inspection included the group facility manager, catering manager, human resource director, provider nominee and operations manager. All of whom were actively involved in the operational of the centre and wider support structure.

Staff told the inspectors they were satisfied with the staffing arrangements and changes made to the roster since the previous inspection. They confirmed they had received

mandatory and relevant training such as fire safety, elder abuse, manual handling, infection control, behaviour that challenges and end of life. Medication management training had also been completed by some nursing staff. Staff were aware of further training arranged this month. Management told inspectors that training in understanding dementia, behaviours that challenge and end of life care had been planned and was to be completed by all staff. A training matrix was available to inform and confirm this training plan.

Staff morale was good and they reported confidence in their supervision and line management arrangements and of the changes recently put in place. They were clear in relation to their roles and responsibilities and told inspectors they were sufficiently supported by their colleagues, recently appointed senior staff and the person in charge. Since the last inspection staff told inspectors they had attended meetings where the provider nominee and or human resource manager and operations manager were present in addition to staff working in the centre. They were satisfied with the meeting arrangements and felt they had an opportunity to raise or discuss any issues.

Daily staff handover communications at shift changes, regular 'flash' meetings with staff on duty and planned team meetings took place and were to continue on a regular basis. Staff were aware of the policies and procedures regarding the general welfare and protection of residents. Staff demonstrated sufficient knowledge of residents' needs, likes, dislikes and preferences. They were seen supporting, assisting and responding to residents in the respectful and appropriate manner.

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:

Sonia McCague
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 report¹

Centre name:	St. Peter's Nursing Home
Centre ID:	OSV-0000122
Date of inspection:	17/05/2016
Date of response:	30/05/2016

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:

Summation in nursing records such as observe non verbal communication is not recommended in professional guidelines.

Relevant details including the actual name of the person informed following an incident and the date and time they were notified at should be included in incident records in addition to indication the next of kin were informed.

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

An assessment to identify each or any resident's relatives, family or significant other/s to be involved (or not) with the resident's consent following admission had not been recorded in a sample of files reviewed.

The details of more than one person or persons from the same household is recommended for communication purposes.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

PIC have taken on board recommendations from Inspectors. Nurses meeting have been scheduled on the 2nd of June to discuss documentation and improvements necessary which will include the following points:

1. Incident forms will be completed to capture full names of people involved in the incident.
2. Incident forms will be completed to capture full names of the NOK and the date and time that next of kin were informed of the incident.
3. On admission, NOK details will be sought to include who is the first point of contact
4. On admission, residents who makes a decision not to have NOK involved in any aspect of their care will be clearly identified and noted on the profile details of the resident.

An Ongoing Care Plan Training will be facilitated from the 1st June by either the PIC or COM to ensure consistency, follow through and continuous improvement. Epic will be rolled out by the middle of July.

Proposed Timescale: Immediate and ongoing