

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Anne's Private Nursing Home
Centre ID:	OSV-0000387
Centre address:	Sonnagh, Charlestown, Mayo.
Telephone number:	094 925 4269
Email address:	kathsmyth@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Kathleen Smyth
Provider Nominee:	Kathleen Smyth
Lead inspector:	Marie Matthews
Support inspector(s):	Mary McCann
Type of inspection	Announced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	2

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: 15 September 2016 09:00 To: 15 September 2016 21:00

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

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

Summary of findings from this inspection

The provider of St Anne's Private Nursing home had applied to renew the registration of this designated centre. This report sets out the findings of the inspection. As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The inspector found the provider demonstrated a willingness to comply with the Health Act 2007

(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. An unannounced monitoring inspection had previously been carried out by HIQA in January 2015. The actions arising from this inspection had been addressed.

A small number of relatives' questionnaires were received by the Authority prior to and during the inspection. The opinions expressed through the questionnaires were positive regarding the services and facilities provided. The provider is engaged in the management and attends the centre daily including at weekends and there was a commitment to comply with the requirements in the regulations and standards. The centre has capacity to accommodate 28 residents.

The centre was maintained in good standard of hygiene and repair, with a range of assistive equipment to support residents. It was nicely decorated and furnished in a homely style. The grounds were well maintained however there was no safe enclosed garden that could be safely used by the residents. The inspector observed that residents were treated in a respectful manner by staff on duty.

Inspectors observed practices and reviewed documentation such as care plans, medical records, policies and procedures and staff files. Inspectors found that overall residents' health care needs were well supported with good access to the general practitioner and allied health professionals. The residents had good access to general practitioner (GP) and allied health services. Some improvements were identified with regard to completion of care plans to ensure they were comprehensive, person centered and that the resident was consulted in reviews. Social activities were provided for residents during the day however they were not always based on the interests expressed by residents and there were no social care plans to direct staff.

There was adequate staff on duty to meet the needs of residents on the day of inspection however inspectors requested a review of the deployment of staff in the evening as levels reduced without any clear rationale. Staff had completed all mandatory training as well as a range of additional clinical training. They were familiar with the residents and knowledgeable of their health-care needs. Some areas of improvement were identified and these were relayed to the person in charge and the provider following the inspection. They included, improvements to the auditing and monitoring systems, care planning and involvement of the residents in this process, the emergency arrangements for responding to power outage, consultation with residents and reviewing of staff levels at times of the day. These issues are outlined in the report and the Action plan at the end 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):

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

Findings:

There was a written statement of purpose available that accurately described the service provided in the centre and was demonstrated in practice. A copy of the statement of purpose and function was available which had a review date of February 2016. This was found to contain all of the information as required by schedule 1 of the Regulations and to accurately describe the range of needs that the designated centre accommodates and the services provided.

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):

No actions were required from the previous inspection.

Findings:

The provider was engaged in the management and attends the centre daily including at weekends and there was a commitment to comply with the requirements in the regulations and standards. There was a defined management structure in place that

outlined the lines of authority and accountability. Adequate resources were available to meet the needs of residents regarding facilities, staffing, staff training and sufficient assistive equipment to ensure appropriate care to residents to meet their needs.

There were some systems in place to review the safety and quality of life of residents. Information was collated weekly on key clinical indicators such as weight loss, falls and restraint use. There was a monthly audit schedule available and inspectors saw evidence of ongoing audits of the service. However; audits were not comprehensive and during the inspection issues were found which had not been identified by the audits completed. For example, care plan audits completed had not identified the absence of social care plans. There was also poor evidence of any consultation with residents regarding the audits completed or of any meaningful analysis of the audit findings and an annual report with an improvement plan as required by the regulations had not been prepared.

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:

Each resident had an agreed written contract and a guide to the centre was provided to each resident on their admission. A sample of contracts were reviewed which confirmed that each was signed by the resident or their next of kin on admission to the centre. The contract included the services provided and the fees charged.

However; in the sample reviewed it was not clear if services such as chiropody and social activities were included in the overall fee.

There was a residents' guide provided to all new residents on admission to the centre which summarised the service provided and included details of the complaints process, the visitors' policy and the emergency procedures. Residents spoken with confirmed they had received a copy.

Judgment:

Substantially 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. The person in charge held authority, accountability and responsibility for the provision of the service and also had the qualifications and experience required by the legislation. She was present during the inspection and facilitated the inspection process. She demonstrated knowledge of the residents needs and her responsibilities under the regulations. She is a suitably qualified and experienced nurse . She was supported in her role by a nurse manager who present during the inspection and both engaged in the governance, operational management and administration of the centre.

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 provider ensured all documents as outlined in schedules 2, 3 and 4 of the regulations were maintained in a manner to ensure completeness, accuracy and ease of retrieval.

There were policies and procedures in place as required by schedule 5 of the regulations. The policies were regularly reviewed, but some policies were generic and did not provide a comprehensive guide to practice.

There was evidence to confirm the centre was adequately insured against loss or damage to residents' property, along with insurance against injury to residents.

There was a hard copy directory of residents that contained mandatory information such as date of admission, transfer to and from the centre, and next of kin details.

Care and medical records and other records, relating to residents and staff, were maintained however on review inspectors found that there were gaps in care records and some care plans lacked sufficient detail to guide care. This is discussed further under outcome 11 and an action included under this outcome. Some nursing/ progress notes were clinical in nature and did not give an overall picture of the resident.

Judgment:

Non Compliant - Moderate

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:

As discussed under outcome 4, the person in charge is supported by a nurse manager who deputised in her absence. Inspectors were advised that these staff provider cover for each other during planned periods of leave.

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):

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

Findings:

There was a culture of promoting a restraint free environment. The use of bed rail restraint had reduced since the last inspection and the use of alternative measures such as low-low beds mat and bed alarms were used to keep residents safe. A risk assessment was completed prior to using bedrails. Signed consent was obtained. There was evidence of multi disciplinary involvement in the decision making process. When a resident requested the bedrail is raised for use as an enabler, a risk assessment was undertaken to ensure the practice was safe. A restraint or enabler register was maintained.

There were policies in place about managing behavioural and psychological signs and symptoms of dementia (BPSD) and restrictive practices. Staff had completed training and inspectors saw that care plans were developed for residents with BPSD to ensure a consistent approach. Inspectors found that records were maintained of the antecedent to incidents of BPSD however these were not consistently in use and inspectors found that some were generic and did not give an accurate picture of what might have triggered the behaviours and what staff did to reduce the residents' anxiety.

One resident was prescribed a chemical restraint however this had not been administered in the last 4 months. . A policy on Safeguarding was available and it had been recently reviewed to reflect the revised reporting arrangements outlined in the most recent HSE guidance on safeguarding vulnerable adults. The person in charge said they were awaiting training from the HSE and were on a waiting list for this training. Staff spoken too were clear on their role and responsibilities in relation to reporting abuse and knowledgeable in recognising the possible signs and symptoms, responding to and managing abuse.

The inspectors reviewed the system in place to manage residents' money and found that reasonable measures were in place and implemented to ensure resident's finances were fully safeguarded.

Judgment:
Substantially 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 in the previous inspection which related to the centres risk management policy were satisfactorily completed. The risk management policy was revised and contained guidance on the areas required by the regulations however on review inspectors found that the information was generic and didn't give comprehensive advice to staff.

There was a policy available to guide staff on the management of a Missing Person's incident, it wasn't comprehensive and didn't fully reflect the practice in the centre. For example it did not reference that a missing person profile was completed on each residents file or guide staff to update this with a recent picture of the resident. Inspectors also found that no missing person drills were carried out by staff to ensure that the procedures were effective. There was a policy around responding to emergencies available which identified temporary accommodation for residents in the event of an evacuation and contact details for local services. The policy didn't provide clear guidance to staff on contingency arrangements in the event of a power outage. An action has been included under outcome 5 requiring the provider to revise policies to ensure they are centre specific and provide sufficient clear guidance to staff.

Appropriate fire safety measures were in place. Records of daily, weekly, monthly and quarterly checks of fire equipment, fire doors, exit routes and emergency lighting were available. Certification of testing and servicing of extinguishers, fire retardant materials and the alarm system were documented. The building's fire and smoke containment and detection measures were appropriate to the layout of the building and exits were free of obstruction. Self closing devices were fitted to all doors and doors held open were fitted with an electro- magnetic device which released the door in the event of a fire. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed around the building.

All staff had received training in fire safety within the past 12 months and were familiar with what actions to take in the event of fire. There was evidence that fire drills were completed at regular intervals. Emergency lighting and fire fighting equipment, directional signage and appropriate fire procedures were available throughout the building.

Falls and incidents were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an unwitnessed fall or a suspected head injury. There was evidence that a post fall review was completed to identify any contributing factors.

There was a smoking ventilated smoking room provided for residents which was equipped with a fire extinguisher and a fire resistant apron. A risk register was established which was regularly reviewed and updated. A risk assessment was completed for residents who smoked however it was generic and didn't reference the precautions which were in place such as the extinguisher or the protective apron.

The centre appeared clean and there were hand sanitising gels provided throughout the centre. A colour coded cleaning system was in use to ensure infection control.

Staff had completed training on moving and handling and were observed to implemented the principles when assisting residents.

Judgment:
Substantially Compliant

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:

Inspectors found that there were written operational policies in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents. Medicines were supplied to the centre by a local pharmacy in original containers. And were stored securely in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked metal cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Inspectors saw that the balances of all controlled drugs was checked and documented twice daily at the change of shift.

The GP's reviewed and re-issued each resident's prescriptions every three months. This was recorded on medical files and on drug cards. Inspectors observed nursing staff administering medicines to residents during the evening administration rounds on one of the units. The nurse knew the residents well, and was familiar with the residents' individual medication requirements. Medication was administered within the timeframes recommended for medications prescribed to residents at specific times. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines and a log was maintained of all medication returned.

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):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a record of incidents or accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. Quarterly notifications had been submitted to the Authority as required.

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 person in charge visited each resident prior to admission and a preadmission assessment was available for each resident to ensure the centre could meet their needs. The level of dependency was recorded and reviewed regularly. There were 26 residents in the centre during the inspection. There one resident with maximum dependency care needs, fifteen were assessed as highly dependent and six had medium dependency care needs. Four residents were assessed as low dependency. All residents were residing in the centre for long term care. Residents had a range of healthcare issues associated with age and the majority had more than one medical condition. Six residents had a diagnosis of dementia.

The arrangements to meet residents' assessed needs were set out in individual care plans. A range of risk assessments had been completed. These were used to develop care plans that were person-centred, individualised and described the current care to be given. In general there was linkage evident between assessments completed and plans of care developed.

Inspectors reviewed a sample of care plans in detail and certain aspects within other plans of care. There were plans of care in place for residents' identified needs. In the sample reviewed there was evidence care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident's health condition however there was not always evidence of consultation with residents or their representative. Some care plans were very person centred and provided good information to ensure staff met the residents' need. However some care plans were generic and were not clearly linked to the assessments. For example, one residents nutritional assessment indicated a high risk of malnutrition and the residents was

prescribed a nutritional supplement but the care plan did not reference this information so did not provide a comprehensive guide to care.

Residents had access to GP services and there was evidence that each resident was seen within a short time of being admitted to the centre and then had a regular medical review. Residents had access to allied health professionals to include speech and language therapist, dietician, physiotherapy and a chiropodist. There were no residents with pressure wounds at the time of this inspection however specialist advice was available to the centre from the community tissue viability nurse. Inspectors reviewed the care plan for one resident who had a heeled wound. A person centre plan of care was in place and regularly revised. Wound assessment charts were completed each time the dressing was changed.

Appropriate protective equipment was available to protect the skin of those at risk of developing a pressure wound. Residents with wounds were referred to dietician and prescribed protein supplements to aid healing of the skin. Pain monitoring charts were used to record pain levels however the effectiveness of analgesics administered was not recorded on the charts.

Referrals were made to the consultant psychiatrist to review residents and their medication to ensure optimum health however; there wasn't always evidence in care plans of links with the mental health services. The person in charge stated that there was not always support available from these services locally.

Nursing progress notes were recorded daily but inspectors observed that they were clinical in nature and did not give an overall picture of the resident. For example in some notes there was no comment on the nutritional intake of resident whether they attended any activity or any comment on their mood.

Judgment:

Non Compliant - Moderate

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 building is designed and adapted to meet the needs of dependent older people. It was well maintained, warm, comfortably decorated and visually clean.

There was a good standard of décor evident throughout which included many domestic features such as dressers and lamps which gave the centre a home like appearance. Residents spoken with confirmed that they felt comfortable in the centre.

The centre is laid out on the ground floor with office facilities upstairs. There are ten single bedrooms and nine twin bedrooms, each with an en suite toilet and wash-hand basin. Bedrooms were suitable in size to meet the needs of residents. There was a call bell system in place at each resident's bed. Suitable lighting was provided and light switches were within residents reach.

There are three assisted bathrooms with accessible showers. One twin room had an ensuite bathroom however the shower in this room was not accessible for residents with impaired mobility. There were a sufficient number of toilets, baths and showers provided for use by residents. Carpet floor covering was provided in halls and corridors. Inspectors detected urine odour in one area of the centre. This was brought to the attention of the provider who stated that she would take steps to investigate and eliminate the source of the odour.

There were a variety of communal areas where residents could choose to sit. Communal accommodation consisted of a dining area and two sitting rooms, the foyer which provided a pleasant sitting area and an oratory. There was a good standard of décor throughout and bedrooms had been personalised to reflect the residents' interest. Some signage was provided in the building however further work is necessary to provide appropriate signage and cueing to prompt recognition of different areas and support freedom of movement for residents with dementia. Separate facilities are provided for staff. All radiators were fitted with covers and the temperature did not pose a risk of burns.

Although the grounds surrounding the centre were landscaped and were well maintained, there was no safe enclosed garden that residents could access independently and safely.

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:

Policies and procedures which comply with legislative requirements were in place for the management of complaints and there was a nominated person identified to deal with complaints and ensure all complaints were fully investigated. Residents were aware of the process which was displayed. A local priest provided advocacy services for residents.

Inspectors reviewed the complaints register. There was a low number of recorded complaints since the last inspection. Complaints were clearly documented and records there was evidence that the provider had ensured that complaints were responded to and addressed in a timely manner. However in some complaints reviewed there was no indication as to the outcome of the investigation or the complainants level of satisfaction with how the complaint was managed. There was also no record to confirm that the complainant was made aware of the centers' appeals procedure.

Judgment:

Substantially 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:

Inspectors were satisfied that caring for the residents at the end-of their life was regarded as an integral part of the care service provided in centre.

Inspectors reviewed the care plan of a recently deceased resident. The residents end of life wishes were clearly documented. Details of the residents' wishes regarding the friends and family members they wished to have with them at this time were included in the care plan and a review of the nursing notes confirmed that care was provided according to the residents wishes. There was evidence that the residents' spiritual needs were attended to and that the residents' family were present to support the resident.

There was a policy on end-of-life care to guide staff and the person said that that the local palliative care team provided support and advice when required. Inspectors saw that some residents had a do not resuscitate (DNR) status in place, however in a one file reviewed there was no narrative note to indicate the involvement of the resident or their relative and the General Practitioner in the decision.

There were 10 single bedrooms available and the person in charge said that residents in shared rooms were given the option of having single rooms to ensure their privacy and

dignity.

Staff spoken with said there was accommodation available on the first floor for visitors who may wish to stay overnight and tea and snacks were also provided for families.

Judgment:

Substantially 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:

Inspectors found that processes were in place to ensure residents did not experience malnutrition or dehydration. Each resident had a nutritional assessment on admission and residents' weights were being recorded on a monthly basis. Files reviewed by inspectors indicated that weights were recorded and from a review of the weights inspectors saw that residents were generally maintaining their weight. Three residents had experienced weight loss associated with illness. There was evidence of review by the dietician for these residents and inspectors confirmed that they were receiving the prescribed supplements however; recent changes made by the dietician following a review of one resident had not been updated into the residents care plan.

Residents with difficulty swallowing were referred to and reviewed by a speech and language therapist. Inspectors met with the catering staff who had an up to date list of each resident's dietary requirements. Inspectors saw that those on specially modified diets were served their food in individual portions.

Inspectors reviewed the menu and staff spoken with confirmed that an alternative meal could be provided if the resident preferred. There were snacks provided between meals. A trolley served residents a choice of tea/coffee biscuits and cakes mid morning and in the afternoon.

Inspectors observed the mid day meal. A menu was displayed and inspectors saw that residents who required assistance were supported in a sensitive and unhurried manner. There was adequate staff to assist residents. Residents who spoke with the inspectors and those who completed questionnaires were very positive about the food provided.

Judgment:

Substantially 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:

Residents were able to exercise choice regarding the time they got up and confirmed they could do so at a time that suited them. Staff promoted residents mobility and were residents were observed to move around the centre freely. Care staff encouraged residents to walk for exercise and provided the appropriate level of assistance. A small number of residents left the centre from time to time to attend family occasions.

Residents who spoke with inspectors complimented the staff. Questionnaires completed by residents and relatives submitted to HIQA prior to the inspection confirmed satisfaction with the quality and safety of care provided by the centre's management team.

Residents had access to local and national newspapers. A local priest acted as an independent advocacy for residents and chaired the residents' forum which met every 3 months, however; on review there was no minutes of these meetings available and instead inspectors were shown letters from the advocate stating that residents were satisfied with the quality of the service. The centres Statement of Purpose stated that minutes of consumer meetings were published on the notice board and included suggestions for improvement. This was not evident in the meeting record shown to inspectors. It was also not possible to determine if issues raised at the meetings were followed up by the provider or if there were any reoccurring issues which concerned residents.

Inspectors found that social care assessments were poorly completed. In a sample reviewed, there was limited information about the resident. The template used was called 'a key to me' and it prompted staff to record the resident's likes, dislikes and preferences in relation to interests and activities. These were often incomplete with sections left blank and the social calendars for some residents only referenced their birthday.

While there was an activities programme available to residents there was no evidence that this was linked to the preferences listed by residents in their social assessments. There were some opportunities for residents to partake in activities which included

passive exercise classes with the physiotherapist, bingo, cards playing, music and reading the newspaper. An activities coordinator worked from 2pm until 4pm daily. She had completed Sonas training (a therapeutic activity for residents who are cognitively impaired) and provided weekly sessions for residents with dementia. One-to-one therapies described in the Statement of Purpose included hand massage and nail care. It was not possible however to determine which social activities residents had attended as this was not referenced in the daily nursing notes or in another capacity.

Each resident had a telephone point in their bedroom and staff were observed to knock on resident's bedroom doors before entering. All shared rooms had curtains that protected the privacy and dignity of residents and residents had access to radio, television and information on local events.

The residents' civil and religious rights were respected. Mass was celebrated in the centre on a weekly basis and clergy from other denominations also visited the centre. There was a visitor's room to allow residents meet with visitors in private. Residents confirmed that they had been facilitated to vote however there was no system in place to ensure that all new residents were added to the local register and inspectors saw that this had prevented one resident from being able to vote.

Judgment:

Non Compliant - Moderate

***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 evidence that residents had adequate space for their belongings, including secure lockable storage. Each resident was provided with their own wardrobe. The centre provided the service to laundry all residents' clothes and families had the choice to take home clothes to launder if they wished.

A staff member was assigned to the laundry five days of the week. A system was in place to ensure all clothes were identifiable to each resident. A property list was completed with an inventory of all residents' possessions on admission. The property list was updated at regular intervals.

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 provider employs a whole-time equivalent of 7 registered nurses, including the person in charge and nurse manager and 14 care assistants. In addition, there are catering, cleaning, laundry and an activity coordinator employed. This had increased since the last inspection and ensured that there were sufficient nurses available to cover periods of holidays or sick leave.

Inspectors reviewed the staff duty rota for a three week period. The rota showed the staff complement on duty over each 24-hour period and detailed their position and full name. The planned staff rota matched the staffing levels on duty and it was recorded in a 24 hour clock format. There were two nurses (including the person in charge) on duty during the day until 4pm with 3 care assistants. This reduced after 4pm to one nurse and 2 care assistants. There was no clear rationale for the reduction in staff after 4pm. The inspectors noted that residents evening meal was at between 16.30pm-17.30 . 16 of the 26 residents had either high or maximum dependency needs and required assistance with all activities of daily living. From 8pm until 8am there was one nurse and two care assistants on duty. The Person in charge was requested to complete a staffing review which considered the care needs of residents over a 24 hour period to determine if the deployment of staff was appropriate to the needs of residents.

There was a policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Recruitment procedures were in place to ensure no staff member was employed unless full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained. A sample of four staff files were reviewed by inspectors. There was evidence of Garda Síochána vetting, photographic identification, two references from past employers, an employment history and details of relevant qualifications and registrations for each staff member. All nursing staff had the required up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (the Nursing and Midwifery Board of Ireland).

A training matrix available was used to alert the person in charge when mandatory training required by the regulations was due. In addition to mandatory training, staff that completed training in a range of other clinical areas including dementia, nutrition, medication management, nutritional care, falls prevention and cardio pulmonary resuscitation. Annual appraisals were completed by the Acting PIC and these were available of the personnel files.

There were good interactions observed between staff and residents who chatted with each other in a relaxed manner. Staff members spoken with were knowledgeable of residents' individual needs. Call bells were answered promptly and there was a visible presence of staff in the day rooms and around the building during the inspection.

Judgment:
Non Compliant - Moderate

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:

Marie Matthews
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 Anne's Private Nursing Home
Centre ID:	OSV-0000387
Date of inspection:	15/09/2016
Date of response:	14/10/2016

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Audits were not comprehensive. During the inspection issues were found which had not been identified by the audits completed. For example care plan audits completed had not identified the absence of social care plans.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to

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

ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

A method of conducting Audits is being evaluated and there will be carried out to ensure that an accurate evaluation of the service is the outcome. Any issues identified from the completed Audits can be corrected to provide safer services.

Proposed Timescale: 30/10/2016

Theme:

Governance, Leadership and Management

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

There was no annual report available with an improvement plan in consultation with residents

2. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

An Annual report has been done in consultation with resident and is ready to be viewed by Inspectors.

Proposed Timescale: 17/10/2016

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

In the sample of contracts reviewed it was not clear if services such as chiropody and social activities were included in the overall fee.

3. Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

The contract of care has now been amended to be in line with Regulation 24(2)(b) It

now includes details of fees charged for services provided by the centre.

Proposed Timescale: 13/10/2016

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 policies, for example the risk management policy were generic and did not provide a comprehensive guide to practice.

4. 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.

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

The policies are in the process of being revised by the Nurse Manager/ P.I.C. and will reflect the guide to practise in the centre.

Proposed Timescale: 30/12/2016

Theme:

Governance, Leadership and Management

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

Some care plans were not person centred and some assessments were poorly completed.

5. 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:

Nurses are in the process of reviewing, rewriting and improving their care plan with more specific individualised care. All residents are encouraged to take part in their assessment and care planning to and it will be reflected in their clinical notes.

Proposed Timescale: 30/10/2016

Theme:

Governance, Leadership and Management

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

Some nursing/ progress notes were clinical in nature and did not give an overall picture of the resident.

6. 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:

Nurses have improved in their clinical notes. The notes now reflect the resident overall picture and Audit is done weekly by PPIM to help Nurse improve their writing skills.

Proposed Timescale: 13/10/2016

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:

Inspectors found that records were maintained of the antecedent to incidents of BPSD however these were not consistently in use and inspectors found that some were generic and did not give an accurate picture of what might have triggered the behaviours and what staff did to reduce the residents' anxiety.

7. Action Required:

Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

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

ABC charts are now being completed on every incident to determine the triggers of challenging behaviour.

Proposed Timescale: 13/10/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Some care plans were generic in nature and not clearly linked to the assessments available.

8. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Care plans are being reviewed based on the assessment conducted and all residents and their families are encouraged to take part in the plan of care to be given and it will be reflected in their clinical notes.

Proposed Timescale: 19/10/2016

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:

Although the grounds surrounding the centre were landscaped and were well maintained, there was no safe enclosed garden that residents could access independently and safely.

9. 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:

A plan for an enclosed garden that the residents could access independently, and safely is in progress and expected to be completed by 20/11/2016

Proposed Timescale: 20/11/2016

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

In some complaints reviewed, there was no indication as to the outcome of the investigation or the complainants level of satisfaction with how the complaint was managed. There was also no record to confirm that the complainant was made aware

of the centres' appeals procedure.

10. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

There is a displayed notice of the complaint procedure and the process is explained to complainant when filing a complaint. All complaints in the complaints book will be reviewed and analysed at the quality improvement meetings for the purpose of learning and continuous improvement. A record of this process will be maintained.

Proposed Timescale: 13/10/2016

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

where residents had a do not resuscitate (DNR) status in place, there was no narrative note to indicate the involvement of the resident or their relative and the General Practitioner in the decision.

11. Action Required:

Under Regulation 13(1)(c) you are required to: Inform the family and friends of the resident approaching end of life of the resident's condition, with the resident's consent. Permit them to be with the resident and provide suitable facilities for them.

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

In line with Regulation 13 we have reviewed and updated the documentation on DNR. All decision made by the multi-disciplinary team will be reflected in the resident care plan and clinical notes.

Proposed Timescale: 17/10/2016

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Recent changes made by the dietician following a review of one resident had not been updated into the residents care plan.

12. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

Nutritional care plans have all been reviewed and any resident reviewed by dietician services have their recommendations added to their personalised nutritional care plan.

Proposed Timescale: 13/10/2016

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:

There was no system in place to ensure that all new residents were added to the local register and this had prevented one resident from being able to vote.

13. Action Required:

Under Regulation 09(3)(e) you are required to: Ensure that each resident can exercise their civil, political and religious rights.

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

A system has been put in place that any admitted Resident is added in the local register. The Provider will check if all residents are registered to vote.

Proposed Timescale: 17/10/2016

Theme:

Person-centred care and support

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

There was no proper records of the residents committee maintained which confirmed that the residents were consulted about and participate in the organisation of the designated centre .

14. Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

Discussed with the Advocate who will now be writing minutes of the meetings held with Residents and in addition Old Age Advocate has been contacted to hold meetings with residents too. A meeting with SAGE representative will be held on the 21/10/2016 to discuss SAGE services

Proposed Timescale: 30/10/2016

Theme:

Person-centred care and support

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

Social assessments were poorly completed and it was not possible to determine if each resident was provided with opportunities to participate in activities in accordance with their interests and capacities.

15. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

Nurses are in the process of completing social assessments and there are being supervised by PIC to ensure that there are well completed. Activity care plans introduced for all residents to ensure the residents activity needs are met and will be personalised to meet the needs of residents. All residents and their families are encouraged to take part in the assessments and it will be reflected in their clinical notes.

Proposed Timescale: 17/10/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

There was no staffing analysis completed to ensure that the number and skill mix of staff after 4pm was appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

16. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Staff analysis has been completed and there is now an additional carer from 4pm to 6pm this will cover the evening meals.

Proposed Timescale: 13/10/2016