

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	La Verna Nursing Home
Centre ID:	OSV-0000146
Centre address:	30 Haddon Road, Clontarf, Dublin 3.
Telephone number:	01 833 9879
Email address:	info@laverna.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	M.V. Nursing Limited
Provider Nominee:	Shane Kelly
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	1

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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: 09 January 2017 09:30 To: 09 January 2017 18:00

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

Summary of findings from this inspection

This inspection was announced following an application by the provider to renew the registration of the centre. As part of the inspection, the inspector met with residents and staff. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Prior to the inspection, the inspector reviewed written evidence from a suitably qualified person confirming the building meets all the statutory requirements of the

fire authority in relation to the use of the building as residential centre for older people. All documents submitted by the nominated person on behalf of the provider, for the purposes of application to register were found to be satisfactory.

The centre is registered to accommodate 32 residents' and there were 30 residents on the day of inspection with one on holiday, leaving one vacant bed.

The provider and the person in charge were found to be operating in compliance with the conditions of registration and in compliance with 14 of the 18 outcomes, in substantial compliance with three outcomes and one in moderate non compliance with one outcome. The inspector confirmed that the nominated person on behalf of the provider had fully addressed the five of the six non compliant outcomes from the last monitoring inspection which took place in June 2016. The moderate non compliance in relation to premises remains.

The inspector found that the governance structure remained robust. The residents' spoken with expressed satisfaction with the standard of care they received in the centre. There was evidence of improvements made since the last inspection. The management team had addressed non compliances from the last inspection relating to safe and safeguarding, health and safety and risk management, medication management, end-of-life care and documentation.

The action plans at the end of this report reflect these non-compliances.

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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose had been reviewed on 16 February 2016. It included a statement of the aims, objectives and ethos of the designated centre and a statement reflecting the facilities and services provided for residents. It now contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Staff spoken with were familiar with its content and the inspector was satisfied that it provided a clear and accurate reflection of the facilities and service 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:

There were sufficient resources to ensure the effective delivery of care in accordance

with the statement of purpose. There had been no change to the management structure since the last registration renewal inspection. A clearly defined management structure that identified the lines of authority and accountability remained in place. The management team met on a quarterly basis to discuss all management issues, minutes of these meetings were available for review and confirmed that the provider nominee, person in charge and if on duty the assistant director of nursing attended.

Robust management systems ensured that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. These systems included reviewing and monitoring the quality and safety of care provided to residents. There was evidence that some improvements had been brought about as a result of monitoring practices. For example, continuous monitoring of the use of restraint had led to alternatives to restraint being trialled and tested. This had led to a lower number of restraints such as bedrails being used in the centre.

There was evidence of consultation with residents and their representatives. For example, the inspector saw evidence that residents had been consulted with twice in 2016 about their quality of life as a resident in the centre. These results had been analysed however, an action plan for improvements were not included.

An annual review of the service had been conducted for 2015 and this was available for review. The management team stated that they were in the process of completing a review of the service provided in 2016 and this would include the feedback received from residents.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
There was a guide to the centre. It included a summary of services and facilities provided, outlined the terms and conditions of a residents stay, the complaints procedure and arrangements for visitors to the centre. There was a copy available to residents' living in the centre.

Each resident had a written contract of care. Most had been signed by the resident and/or their next of kin on admission. A small number of contracts remained unsigned, evidence was available to show that the provider had made several requests for these to

be signed. The contract included details of the care and welfare and services provided. Each contract also included details of the fees charged to the resident each week and outlined any additional fees that may be added for services that the resident may request or require.

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:
There was a good governance structure in place. The person in charge (PIC) was full-time, has the required experience and demonstrated sufficient clinical knowledge, knowledge of the legislation and her statutory responsibilities. She was maintaining her professional development by attending training days and information sessions run by HIQA.

The Assistant Director of Nursing worked closely with the PIC, was the named key senior manager and managed the centre in the absence of the person in charge. They were both on duty at the time of this inspection. One of them was on call at all times and this was reflected on the roster.

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:

All records outlined in schedule 2, 3, 4 and 5 were available for review. The action plan identified on the previous inspection report had been addressed.

The inspector found records were kept secure and were easily retrievable. Residents could access their records if they wished. There was a policy in place which reflected practice in relation to retention of records in the centre. That is, that all records were retained for a minimum of seven years.

Following up from the last inspection, the inspector noted that the kitchen had written records of those requiring food fortification and food supplements. The centre-specific policies outlined in schedule 5 were available. They all had been reviewed within in past three years. However, there were some gaps in some policies where they did not reflect practices or national policy. This will be discussed further under outcome 7.

The inspector reviewed insurance documents which showed the centre was adequately insured against injury to residents and other risks were insured against, including loss or damage to a resident's property. The directory of residents contained all the required details of each resident including the date, time, cause and place of those who had died.

Three staff files reviewed contained all documents outlined in schedule 2.

Judgment:

Substantially Compliant

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There had been no period to date where the person in charge was absent for 28 days or more. The inspector was satisfied that suitable arrangements were in place to cover any prolonged period of her absence. Her deputy, the clinical nurse manager took over in her absence.

The management team were aware of the legal requirement to notify the Authority of any period of leave of 28 days or more, one month prior to expected absence of the person in charge and in the case of an emergency absence within 3 days of its occurrence and within 3 days of person in charge's return.

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:

The centre was safe and secure, residents spoken with confirmed this. The action plan identified on the previous inspection report had been addressed.

The front door was secure and there was a visitors book at the front door. There were closed circuit television cameras situated at exit doors.

Records reviewed showed all new staff had completed training in the protection, detection and prevention of elder abuse during their induction programme. A refresher training date had been scheduled for those small number of staff due for refresher training.

Those staff spoken with had a clear understanding of the protection, detection and prevention of elder abuse policy.

Bed rails were used as a form of restraint for five residents. This had reduced from thirteen since the last inspection in June 2016. The centre had invested and trialled alternative equipment to use as a form of restraint. For example, grab rails were now available in the centre and wedges had been trialled. The restraint assessment form had been reviewed since the last inspection. For example, restraint assessment forms now outlined what if any alternative had been trialled, tested and failed prior to bed rails being used as a form of restraint.

There were no residents' displaying responsive behaviours at the time of this inspection. The inspector saw that use of psychotropic medications on an as required basis (PRN) was reviewed on a monthly basis.

The management of residents' petty cash was reviewed. Safe and secure storage was provided and systems overall were safe. The inspector noted and discussed with the management team the lack of practice of consistent auditing of this process. The process of auditing was not mentioned in the policy. This is actioned under outcome 5.

The management team were pension agents for a number of residents'. The management of these was not reviewed on this inspection, however they were found to be robust on the last registration renewal inspection in December 2013. The provider provided written assurance to HIQA written assurance that these funds were being managed in line with Guidance for Designated Designated Centres, Residents' Finances October 2014.

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 health and safety of residents, visitors and staff was promoted and protected. The two action plans identified on the last inspection had been addressed.

The centre had an up to date health and safety statement and risk management policy in place. It was reflective of the legislative requirements. It stated how risks were identified and how specific measures would be put in place to reduce the level of risk. This was reflected in practice. The risk management committee met on a quarterly basis, they discussed falls, injuries, environmental, health and safety and infection control issues which had occurred in the centre over the previous quarter. There was a risk register kept in the centre, it identified potential risks and the control measures put in place to reduce the risk .

The inspector observed that infection control practices were good with hand washing and drying facilities and hand sanitizers available throughout the centre.

There were adequate means of escape on each floor of the centre and fire exits were found to be unobstructed. Floor plans identifying the nearest fire exit were on display on the first, second and third floor of the centre.

Records reviewed on inspection showed that fire extinguishers were checked on an annual basis. The fire alarm and emergency lighting had been serviced on a quarterly basis since June 2016. Recommendations made for upgrading the emergency lighting and fire detection system by the fire consultants had been carried out as recommended.

The inspector saw evidence that some had attended annual refresher training in June 2016 and the remaining were booked in for refresher training scheduled to take place

this week. Those spoken with were clear on what to do in the event of the fire alarm sounding. Records reviewed showed that a mock fire drill was practiced once per month, staff in attendance and response times were being recorded. However, the inspector noted that no fire drill had been practiced with night staff in 2016.

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:
The policies and procedures for managing medications had been reviewed in full on the last inspection in June 2016. Therefore, only the action plans from that inspection were followed up on and the inspector found that they had been addressed.

The residents' who required their medicines to be crushed prior to administration now had the order to crush individually signed on the prescription sheet. The inspector saw the prescriber had indicated whether crushing was authorised or not for each individual medicine on the prescription sheet. Each (prn) medication prescribed had the indications for use now included.

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:
Clear and concise records of all incidents occurring in the centre were maintained and made available for review.

The inspector found that all notifiable incidents had been notified to the Chief Inspector

within three days. Quarterly reports had been provided to the authority to notify the Chief Inspector of any incident which did not involve personal injury to a resident.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Residents' were assisted to access allied health care professionals. A review of a number of residents' files showed that they had been referred to allied health professionals as required without delay. Residents' spoken confirmed were reviewed by their general practitioner on a regular basis and a review of a sample of residents' files confirmed this.

Nursing documentation reviewed for a number of residents was good. Care plans reflected all resident needs identified on assessment and were person-centred. They were updated when the needs of the resident changed and reviewed within a four monthly basis by staff.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

implemented.

Findings:

The inspector found the centre to be clean and tidy.

There was adequate communal space to meet the needs of residents'.

The inspector used the visitors' room during the inspection process.

There was inadequate storage space provided for equipment. Hoists and sit on scales were stored in the residents' bedroom or in the downstairs assisted bathroom. A provision for additional storage space was not viewed in the proposed new extension, for which planning permission had been granted. However the inspector was informed that these plans were under review to include storage space.

The three, three bedded rooms had not been reviewed to meet the criteria of the standards. There was a lack of personal space for the resident occupying the bed by the door in two of these three bedrooms, room10 on the ground floor and room 7 on the second floor. On the ground floor two of the three beds were positioned up against the wall making them unsuitable for use of hoist dependent residents'. However, the inspector was informed that there was one hoist dependent resident in one of these bedrooms and two hoist dependent residents' in the other. In addition, there was only room for one bedside chair in both these rooms. The three bedded on the second floor was suitable to meet the needs of the three independently mobile residents occupying the room. The inspector was informed that the planned extension included additional bedrooms which would enable the reduction of bed capacity in the at least one of the three, three bedded rooms.

The residents' bedrooms were spread across the ground, first, second and third floor of the centre. There was no lift in the centre. There were three chair lifts available to take residents' with impaired mobility from one floor to the other. The inspector was informed that all residents' currently residing on the upper floors of the centre were independently mobile. The planned extension was under review to include a lift.

There was no garden. There was a small paved area the width of the building which ran along the rear of the building and both sides. Residents could independently access the small paved area via the activities room. This area contained garden benches, chairs, tables, bedding pots and plants. It was secure to the rear by a newly constructed boundary wall. The side of the building contained a smoking hut and was frequently used by a number of residents'. The inspector raised concerns as part of this small rear outdoor space appeared to be planned as ground for the planned extension.

Residents occupying multiple occupancy bedrooms did not have access to a single room at the time of death. A single room for use at the time of death was not identified in the current new extension plans. The inspector was informed that these were under review.

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:

There was a complaints policy in place and it was reflected in the statement of purpose and the residents guide. The process was accessible to all residents and displayed in prominent places throughout the centre.

The person in charge was the nominated person to deal with all complaints. The inspector reviewed the complaints file and saw there were no complaints on file since the last inspection in June 2016. Residents spoken with stated that they had never had a reason to complain. The policy did not state who was responsible for overseeing the complaints procedures/records.

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):

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

Findings:

There was an end-of-life policy in place which reflected practice. The documentation of end of life preferences for residents' had improved since the last inspection.

The inspector was informed that residents occupying multiple occupancy bedrooms did not have access to a single room at the time of death and as mentioned and actioned under outcome 12, a single room for use for this purpose was not planned for in the proposed new extension however, the inspector was informed that these plans were now under review.

Nursing documentation for three residents was reviewed. Each residents now had an end of life plan in place. These end of life care plans included a record of end of life discussions the person in charge had with the resident and their next of kin and in some cases their general practitioner (GP). Where the resident had not been involved, the care plan stated this was due to a lack of their capacity to participate. The reviewed care plans included certain aspects of preferred end of life care, such as, if the resident wanted to stay in centre or be transferred to hospital, preferred funeral arrangements and who was taking responsibility for these.

The centre had access to the palliative care team. The inspector was informed that prompt referral and review from the team was provided whenever necessary. There was no one receiving end of life care at the time of this inspection.

Residents' religious needs were facilitated by a visiting priest. The Sacrament of the sick was provided and the priest sought at the residents' request.

Judgment:
Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
This outcome was reviewed in full and found to be in compliance on inspection in June 2016.

The inspector saw a choice of meal been offered to residents' at lunch time. Those spoken to expressed satisfaction with the choice of food available to them. One resident was celebrating their birthday on the day of inspection and the chef had baked a birthday cake for the resident which was then offered to all residents. Snacks and a choice of hot and cold drinks were offered to residents' between meals.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were consulted with and participated in how the centre was run.

Feedback was sought from them, both verbal and written and this information was used to inform practice. Residents had access to independent advocacy services. Residents' meetings were held bimonthly these were chaired by the independent advocate. Records showed that a variety of topics linked to the quality of care were discussed with residents' who attended and issues were fed back to and followed up on by the person in charge. In addition feedback was sought from residents twice each year. The inspector saw they were asked to complete a satisfaction questionnaire twice each year about the standard of care they received. This was analysed and formed part of the centre's annual review.

Routines, practices and facilities maximised residents' independence. Residents were facilitated to exercise their civil, political, religious rights and were enabled to make informed decisions about the management of their care through the provision of appropriate information and consultation about their care plan review. They had a choice to attend Mass said in the centre once every two weeks and on holy days. All 31 residents' were registered to vote and were given the option to do so at election/referendum time

There was group and one to one recreation activities scheduled daily to meet the needs of residents. The activities co-ordinator lead out on these. The centre had an activities room located at the rear of the centre. The front sitting room was also used for activities.

There were no restrictions on visitors. The inspector saw that residents could receive visitors in quite room which contained facilities to make hot beverages.

Residents confirmed that they received care in a dignified way that respected their privacy at all times. Staff were aware of the different communication needs of residents and there were systems in place to meet the diverse needs of all residents. Each resident s' communication needs were reflected in their assessment and care plan where one was required.

Residents had access to radio, television, newspapers, information on local events, etc. All residents had access to the centres portable telephone.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy on residents' personal property and possessions. The inspector saw that a record of each resident's personal property was recorded on admission. Residents informed the inspector that they maintained control of their personal belongings and they had an adequate amount of storage space available to them including lockable storage in their personal bedroom.

Laundry services were outsourced and there were no issues with this service.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

There were sufficient numbers of staff with the right skills, qualifications and experience to meet the assessed needs of the residents in the centre at the time of this inspection.

There was evidence that all staff nurses had renewed their registration for 2017 with Bord Altranais agus Cnáimhseachais na hÉireann. There was an actual and planned staff rota, these rosters reflected the name and role of each staff member on duty.

Records reviewed confirmed that all staff had mandatory training in place or were booked in for a refresher course within the next few days following this inspection. Staff had also been provided with education on topics, such as, Cardiac Pulmonary Resuscitation (CPR) and medication management.

The person in charge had staff meetings on average each quarter and she was completing staff appraisals on an annual basis. A sample of three staff files reviewed contained all the required documents as outlined in schedule 2. There was a low turnover of staff in the centre.

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:

Sheila McKevitt
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:	La Verna Nursing Home
Centre ID:	OSV-0000146
Date of inspection:	09/01/2017
Date of response:	02/03/2017

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:

All policies did not accurately reflect current practices in the centre and/or national policies.

1. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any

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

event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

The restraint policy has been reviewed and is now updated.

Proposed Timescale: Completed 31.01.17

Proposed Timescale: 31/01/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

A fire drill had not been practiced with night staff within the past year.

2. Action Required:

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

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

A fire drill with all night staff has been completed with the exception of one staff member who is currently on long term sick leave. This included the use of evacuation equipment, fire exits and escape routes and will form part of the monthly drill with all other staff. Night staff will be incorporated into all monthly fire drills.

Proposed Timescale: Completed 31.01.17

Proposed Timescale: 31/01/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

There were three, three bedded bedrooms, each with a limited amount of private space for those occupying these rooms particularly those residents' residing in the bed by the door in two of these rooms.

The centre did not have a lift although residents' bedrooms were spread over four

floors.

There was a lack of storage space for equipment.

There was no single room for use by residents' occupying multiple occupancy bedrooms.

The planned extension was going to further reduce the already small amount of outdoor space residents' had access to.

3. 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:

- Drawings for proposed extension have been submitted to the inspector and are currently undergoing some revisions. These plans include the replacement of 3 bed rooms with semi private rooms.
- These plans also include the installation of a passenger lift, further storage space and will no longer effect outside space.
- The proof of funding for this project has been supplied to the inspector
- The final plans with revisions will be reviewed with the inspector when costings are complete

Proposed Timescale: 10/04/2017

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:

The complaints policy did not identify a person, other than the person nominated in Regulation 34 (1)(c), available in a designated centre to ensure that all complaints were appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

4. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

All complaints will be investigated in a timely manner. The response times will be monitored by the General Manager.

Proposed Timescale: Completed 31.01.17

Proposed Timescale: 31/01/2017