

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Elizabeth's Nursing Home
Centre ID:	OSV-0000167
Centre address:	Kells Road, Athboy, Meath.
Telephone number:	046 943 2457
Email address:	stelizabethsathboy@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Gortana Limited
Provider Nominee:	Thierry Grillet
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	36
Number of vacancies on the date of inspection:	0

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

The inspection took place over the following dates and times

From: 10 July 2017 09:15 To: 10 July 2017 18:40

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	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	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	Substantially Compliant
Outcome 14: End of Life Care	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This monitoring inspection was announced and took place to monitor ongoing compliance with the regulations. The inspector followed up on progress with completion of the actions in the action plan from the last inspection of the centre in June 2016. Findings evidenced that all actions were completed.

The inspector met with the person in charge, members of the staff team, residents and their relatives during the course of the inspection. Documentation records such as the centre's policies, risk management (including fire safety) procedures and records, audits, staff training records and residents' records were reviewed among other documentation.

Residents and relatives spoken with during this inspection and feedback from pre-

inspection questionnaires completed by seven residents and seven residents' relatives referenced a high level of satisfaction with the service provided, care given and the staff team in the centre. Residents confirmed that they felt safe and had choice in their daily routine. Feedback from residents and their relatives as received by the inspector concurred with the inspection findings. A summary of the feedback received from residents and their relatives was also communicated to the person in charge during the course of the inspection.

There was a relaxed and comfortable atmosphere in the centre. It was visibly clean and was maintained to a good standard. The layout and space provided in residents' accommodation met their individual needs. Residents' accommodation was arranged over two floor levels in the centre. The inspector found that residents had sufficient space for their personal belongings in their bedrooms but storage space for their assistive equipment required improvement.

There were appropriate systems in place to manage and govern the service. The providers and person in charge held responsibility for the governance, operational management, administration of services and provision of sufficient resources to meet residents' needs. The inspector findings on this inspection demonstrated their knowledge and ability to meet regulatory requirements.

All interactions by staff with residents were observed to be courteous, respectful and kind. There were arrangements in place to ensure residents were appropriately safeguarded. There was evidence that residents' feedback was valued and their individual choices were respected.

Residents' healthcare needs were met to a high standard. Staff were knowledgeable regarding residents and their needs. Recreational activities provided for residents were interesting, varied and meaningful. All staff were facilitated to attend mandatory safeguarding training. Staff were also facilitated to attend professional development training to enhance their skills and knowledge.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

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 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 was a clearly defined governance and management structure in place. Lines of authority and accountability were outlined and were demonstrated in practice.

Weekly management meetings were convened and attended by the person in charge and the providers. The minutes of these meetings were made available to the inspector. The agenda addressed review of all aspects of the service including safety and risk management, resident falls and any other incidents involving residents, staffing skills and levels, infection prevention and control and residents' dependency levels among others. The person in charge ensured effective team communication was in place with regular staff meetings. These meetings were minuted and actions identified were followed through to completion.

Comprehensive and robust systems and structures were in place to ensure the quality and safety of care and the service provided to residents centre was effectively monitored. A schedule was in place to inform frequency of audits in a number of key clinical and other areas of the service. Audits were done on a weekly, monthly, two-monthly, three monthly, six monthly and annual basis. All information collated was analyzed and informed detailed action plans. There was good evidence that improvements and learning identified in the action plans were completed and were reaudited to ensure effectiveness. Residents' satisfaction with the service was ascertained through on-going satisfaction surveys and feedback. The person in charge demonstrated that residents' views regarding the service they received in the centre was valued and the information received informed quality improvements. An annual report detailing review of the quality and safety of care and quality of life for residents was completed for 2016. This report was compiled in consultation with residents.

The inspector found that there were sufficient resources provided to ensure the needs of

residents were met.

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:

A Residents' Guide was readily available to residents and their relatives. It detailed all of the information as required by the regulations.

A sample of residents' contracts of care was reviewed by the inspector. The contracts set out the services to be provided, fees to be charged and the terms and conditions on residency in the centre. Each contract in the sample reviewed was signed by the resident or their relative on their behalf.

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:

There were systems in place to ensure that the records listed in Schedules 2, 3 and 4 of the regulations were maintained accurately, securely and were easily retrievable within the centre. There was evidence that emergency evacuation drills were completed to test day and night-time staffing resources and conditions. However, the details of the drills as recorded did not comprehensively inform all aspects of the procedure as required in Schedule 4, Paragraph 10 of the Regulations.

All written operational policies as required by Schedule 5 of the regulations were in place and accessible to staff if required.

A directory of resident was maintained in the centre and recorded all information as outlined in the regulations.

The inspector reviewed a sample of four staff files on the day of the inspection, which were found to contain all of the information required by Schedule 2 of the regulations including completed An Garda Siochana vetting procedures.

Judgment:

Substantially Compliant

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider and person in charge demonstrated they were aware of the requirement to notify the Chief Inspector of any proposed absence by the person in charge greater than 28 days from the designated centre and the arrangements in place for the management of the designated centre during any absence. There were no periods of absence by the person in charge requiring notification.

A registered nurse at assistant director of nursing grade worked alongside the person in charge on a day-to-day basis and deputised in her absence. The person in charge also had arrangements in place to ensure that she and her deputy were not on leave during the same periods. This arrangement ensured continuity and that a senior member of the nursing team was available at all times. The person who deputised for the person in charge was a registered nurse and has a postgraduate qualification in infection prevention and control. She has worked in the centre since 2010 and has experience in a senior clinical and management role in the centre since 2014.

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:

Procedures were in place protect residents from being harmed or suffering abuse in the centre. There was a safeguarding policy available to inform staff on prevention and their response to any suspicions, allegations or incidents of abuse of residents. The person in charge monitored the systems in place and ensured that there were no barriers to residents or staff disclosing an incident, suspicion or allegation of abuse. Staff spoken with were knowledgeable regarding management of any incidents, disclosures or suspicions of abuse and their responsibility to report. Staff training records indicated that all staff had received training in the prevention, detection and response to abuse. Residents spoken with by the inspector and feedback from pre-inspection questionnaires confirmed that they felt safe in the centre. All interactions observed between staff and residents during the inspection were respectful, supportive and kind.

There was a policy and procedures in place that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) experienced by residents. Residents, who experienced responsive behaviours, had person-centred behaviour support care plans in place. A compassionate and person-centred approach was taken by staff with residents who experienced responsive behaviours and they were supported with non-restrictive and non-pharmacological interventions. Staff knew residents well and were knowledgeable regarding the triggers to their responsive behaviours and person-centred effective de-escalation strategies they should use if necessary. Staff training records reviewed indicated that staff had received training in managing responsive behaviours. A restraint free environment was promoted with on-going assessment and use of alternatives to bedrails and other restrictive equipment where possible. A small number of residents had bedrails in place and their use was appropriately risk assessed. There were also procedures in place to ensure restrictive equipment was in use for the least possible time. No residents were in receipt of psychotropic PRN medicines (a medicine only taken as the need arises) to support their responsive behaviours.

Use of restraint was audited as part of the centre's quality and safety monitoring system.

The inspector reviewed the system in place to manage residents' money, and found that it to transparent and secure. The sample of records and balances checked were accurate. Each transaction was dual-signed by two staff or a staff member and the resident concerned. Residents had a lockable facility in their bedrooms to secure their personal possessions and valuables.

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:

There were systems in place to ensure the health and safety of residents, staff and visitors was promoted and protected. An up-to-date safety statement was available for the centre. The required information regarding the management of specified areas of risk as outlined by Regulation 26 was described to protect vulnerable residents. Internal and external hazards were identified with controls specified to mitigate risk of adverse incidents to residents, visitors and staff. This document was a frequently reviewed and updated as necessary. All areas in the centre that were potentially hazardous were appropriately secured with measures in place to control access by unauthorized persons.

A proactive approach to risk management in the centre was demonstrated. A record was maintained of incidents and accidents involving residents, staff and visitors and included detail of subsequent investigations. Learning gained as an outcome of investigations completed was documented and implemented in practice. There were a small number of incidents where residents had falls resulting in an injury that required hospital care. The person in charge and staff team promoted falls prevention without minimizing residents' independence. Each resident has a risk of fall assessment completed on their admission that was regularly updated thereafter including after any fall or near-miss incident. Low level beds, floor mats, hand rails in corridors, toilets and showers, staff supervision, sensor equipment and education on prevention were used to reduce risk of fall or injury to vulnerable residents. Handrails on both sides and a non-slip floor surface were fitted on a part of a corridor on the first floor that had an incline in its surface. Handrails were also in a contrasting colour to the surrounding walls to enhance visibility for residents with vision problems or dementia. An action from the last inspection in June 2016 regarding safe procedures with holding internal fire doors ajar was found to be completed. The provider had fitted magnetic devices to hold internal doors open which released when the fire alarm was activated.

Arrangements were in place to protect residents and others against the risk of fire in the centre. All residents had evacuation risk assessments completed that clearly indicated their day and night-time evacuation needs in terms of staffing and equipment. Fire safety management checking procedures were in place. Service records for the fire panel, fire alarm, lighting and directional signage were in place. The fire alarm was tested weekly to ensure it was functioning at all times. All designated fire exits were indicated and a checking procedure was in place to ensure they were free of any obstruction on a daily basis. Equipment including fire extinguishers were available at various points throughout the centre and were serviced annually. There was evidence that emergency evacuation drills were completed to test day and night-time staffing resources and conditions. However, the details of the drills as recorded did not comprehensively inform all aspects of the procedure as required in Schedule 4, Paragraph 10 of the Regulations. This finding is actioned in outcome 5. Staff training records referenced that all staff had completed fire safety training including participation in a fire evacuation drill. Staff spoken with by the inspector were aware of the emergency procedures in the event of a fire occurring in the centre.

An infection control policy was available to inform and guide staff on management of communicable infection and any infection outbreak in the centre. Environmental cleaning procedures reflected best practice in infection prevention and control standards and the centre was visibly clean. Hand hygiene facilities and personal protective equipment (PPE) was located at various points throughout the premises.

Judgment:

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):

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

Findings:

A medicines management policy was in place to inform safe medication practices in the centre. The inspector observed that residents' medicines were stored appropriately, including medicines controlled under Misuse of Drugs legislation and medicines requiring refrigeration. Checks were consistently completed of balances of controlled medicines and refrigerator temperatures on a daily basis. Residents' prescribed medicines were reviewed at least three-monthly by each resident's GP. Medicines management audits were completed at regular intervals to monitor safety of medicine management procedures in the centre.

The inspector observed a sample of medicine administration to residents on this inspection. Medicines were administered on an individual resident basis from the drug storage trolley and were recorded in line with professional guidelines. An action from the last inspection in June 2016 regarding medicine administration procedures was satisfactorily completed and the inspector observed that medicines were taken by residents at the time of administration. Medicines prescribed for PRN (a medicine only taken as the need arises) use included the maximum amount permissible over a 24hr period. All medicines to be administered by nurses in a crushed format were individually prescribed.

Procedures were in place to record the date of opening of residents' topical creams, ointments and oral liquid medicines to ensure they were not used beyond the timescales recommended by the manufacturer. Procedures were also in place to ensure medicines, including medicines controlled under misuse of drugs legislation that were out-of-date or no longer used by residents in the centre were removed from the medicines trolley and returned to the pharmacy for safe disposal.

The pharmacist dispensing residents' medications was facilitated to fulfil their obligations to residents. Residents had access to the pharmacist was available to meet with them as they wished. The pharmacist completed three-monthly audits of medicines in the centre.

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:

A record of all incidents and accidents to residents that occurred in the centre was maintained, and records since January 2016 were examined by the inspector. The person in charge was aware of their legal requirement to notify the Chief Inspector of specified accidents and incidents occurring in the centre. To date and to the knowledge of inspectors, all relevant incidents have been notified to the Chief Inspector by the provider and person in charge as required.

Quarterly notification reports were forwarded to HIQA referencing details of required information up to the end of 2016, including use of restraint in the centre.

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 inspector found that the healthcare needs of residents were met to a high standard. An action required from the last inspection in June 2016 regarding the detail provided in residents' care plans was satisfactorily completed.

Residents had access to a general practitioner (GP) and allied health professionals including occupational therapy, physiotherapy, speech and language and dietician services. Specialist medical services including palliative care and psychiatric services attended residents in the centre. Residents' documentation confirmed they had timely access to these services as necessary. Details of treatment plans and recommendations made by allied health professionals were documented in residents' care plans as appropriate. Arrangements were in place to ensure residents were supported to attend out-patient appointments. Residents and their relatives spoken with by the inspector and feedback provided by them in pre-inspection questionnaires confirmed a high of satisfaction with care and the service provided.

Procedures were in place to meet residents' assessed healthcare needs. A number of assessment tools were used to assess residents' care and support needs. Residents' care needs were assessed on admission and in response to residents' changing needs. This information informed care plans that described the care interventions to be delivered to meet each resident's identified needs. A sample of care plans reviewed by the inspector indicated that care provided to residents was person-centred and clearly informed the interventions to be completed by staff to address each assessed need. There was evidence that care plans were reviewed on a three to four-monthly basis and residents' care was discussed with them or their relatives as appropriate. There was a weekly physiotherapy service in the centre and the physiotherapist had a significant input in optimizing residents' mobility. Residents were reviewed by the physiotherapist following any fall incidents. Residents who sustained an injury to their head during a fall had neurological observations completed. There were procedures in place to promote residents' good health and to prevent unnecessary hospital admissions. Residents' health was promoted by annual influenza vaccine, regular vital sign monitoring and regular exercise as part of their day-to-day care. Staff were also trained to provide

subcutaneous fluid administration in the centre to treat residents with acute episodes of dehydration.

Residents at risk of unintentional weight loss or weight gain were assessed on admission and regularly monitored thereafter. Residents' weights were checked on a monthly basis or more often to monitor treatment interventions and progress more closely. Inspectors observed that residents with unintentional weight loss or weight gain had their needs appropriately reviewed by a dietician and an associated treatment plan was in place. There were no residents with pressure related skin ulcers. One resident had a chronic wound that was been managed by staff in the centre. Arrangements were in place to ensure residents with wounds were assessed by staff using an appropriate measurement system which assessed size, type, and exudate and included a treatment plan to inform care procedures. Tissue viability, dietician and occupational therapy specialists were available as necessary to support staff with management of wounds that were slow to heal or deteriorating. The inspector reviewed pressure related skin ulcer preventative procedures in the centre and found that they were informed by evidence based best practice. Assessment of risk of skin breakdown was completed for each resident on admission and was regularly reviewed thereafter. The level of assessed risk informed the prevention procedures implemented. Equipment such as pressure relieving mattresses and cushions, in addition to care procedures, including repositioning schedules, were used as effective prevention strategies.

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):

No actions were required from the previous inspection.

Findings:

The design and layout of the centre met its stated purpose and residents' individual and collective needs in a comfortable, cosy and homely way. The centre is a two-storey building with a lift and stairway to the first floor.

Residents' bedroom accommodation was located on two floors and consisted of 22 single bedrooms and seven twin rooms. Sixteen bedrooms had ensuite facilities. The layout and space available in residents' bedrooms met their needs on the day of this

inspection. Residents and their relatives as appropriate were consulted prior to admission regarding accommodation in single or twin bedrooms. Most residents choose to personalize their bedrooms their favourite photographs and personal items. While residents had sufficient storage in their bedrooms for their personal belongings, there was insufficient storage for items of residents' assistive equipment. For example, storage of residents' walking frames posed a trip hazard in the communal sitting room and a hoist was stored on a circulating corridor.

There were a number of sitting rooms throughout the centre where residents could choose to relax or to engage in activities. The sitting rooms were varied in terms of their style and layout giving residents the option to sit with a small or larger group of residents. Two small sitting rooms had stoves fitted. The décor of the sitting rooms was also varied and interesting with good use of colour and familiar memobilia and items of furniture. The dining room was spacious, bright and attractively decorated. The dining room and the main sitting room open out onto a large decking area. Sheltered outdoor seating was provided on the decking area and was used by residents to sit with their visitors in the sunshine on the day of inspection. There was safe access from the decking area to the centre's garden.

There were hand rails and grab rails and this assisted residents who were independently mobile. The inspector saw that residents freely moved around the centre and signage was available to guide residents, relatives and visitors around the centre.

Sufficient communal toilets and showers were provided at convenient locations throughout the centre. There was sufficient assistive equipment provided to meet residents' assessed needs.

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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:

The person in charge informed the inspector that no residents in the centre were receiving end-of-life care on the day of this inspection. Community palliative services attended residents in the centre to support staff with residents' pain and symptom management. Palliative care services were not supporting any resident's with chronic

pain management at the time of this inspection. Pain assessment procedures were in place and used to inform medicine administration.

A record of each resident's end-of-life wishes were documented and known to staff. Care plans were developed for residents to inform their physical, psychological and spiritual needs and wishes including the place they wished to receive care to the end of their lives. Some residents had advanced directives. Residents and their family were involved in advanced directive decisions as appropriate.

Arrangements were in place to facilitate residents' families to stay overnight in the centre with them when receiving end-of-life care. Where possible, single bedroom accommodation was available for residents receiving end-of-life care to ensure their comfort and privacy needs were met. Residents had good access to religious clergy to meet their faith needs.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' were encouraged to exercise their personal choice and to maintain their independence. Residents' meetings were convened and residents spoken with and those who completed pre-inspection questionnaires confirmed that they were consulted with. They also believed their views were valued by the management and staff team.

A varied activity programme ensured that all residents had opportunities to participate and engage in activities that were meaningful and were in line with the preferences, capabilities and interests. On the day of the inspection, residents participated in a live music session. They were encouraged to choose or sing their favourite songs. Residents and their relatives described various outings that residents had been on. Residents confirmed to the inspector that they could participate in a number of activities each day and that they really enjoyed them. Less-able residents were facilitated to participate in more gentle activities on a one-to-one basis. Residents spoken with expressed their

satisfaction with the opportunities and choices given to them and their quality of life in the centre. Each resident's life history and interests were collated and used to inform the activity schedule. A daily schedule was displayed on a large white board in a prominent part of the centre. The various activity start times and their location in the centre was also indicated to give residents opportunity to make informed choices about the activities they would like to participate in.

The inspector observed that staff interacted with residents in a kind, dignified and respectful way. Staff were knowledgeable regarding each resident's interests and individual preferences. They were facilitated to exercise their civil, political and religious rights. Staff sought permission from residents before undertaking any care tasks and consulted with them about how they wished to spend their day. Residents' wishes and preferences also informed their daily routine regarding the times they retired to bed and got up in the morning. Their privacy was respected and staff closed the doors to bedrooms and toilets during personal care activities.

There were no restrictions on visitors and residents could meet their visitors in private if they wished. The inspector observed residents' visitors visiting them throughout the day of inspection. Newspapers were available in the centre. Daily mass was broadcast via webcam from a local church. Residents could access clergy from the various faiths. Residents had access to a telephone. Residents were supported to vote, either in the centre or in their local polling station.

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 was a planned and actual staff rota in place. Staff changes were clearly documented and the duty roster reflected the staff on duty on the day of inspection. There was a minimum of one registered nurse on duty at all times to provide nursing care for residents. Staff working in the centre had the appropriate skills and

qualifications to meet the assessed needs of residents. The inspector also found that resident needs clearly informed the staffing resources provided.

Residents spoken with and feedback from pre-inspection questionnaires confirmed that residents' needs were satisfactorily met at all times and that they received support and timely assistance as necessary. Staff spoken with knew residents well and were knowledgeable regarding their individual needs.

Staff meetings with the various staff disciplines in the centre were arranged by the person in charge. Minutes of these meetings were documented and were made available to the inspector.

There were procedures in place for the recruitment, selection and appropriate vetting of staff. A sample of staff files was examined by the inspector. All of the information required by Schedule 2 of the Regulations was held in these files. The person in charge confirmed that all staff working in the centre had An Garda Síochána vetting completed. Up-to-date professional registration records for all nursing staff were provided to the inspector.

There was an induction programme in place for newly-recruited staff, which included training and probationary reviews. New staff worked in a supernumerary capacity until their induction was satisfactorily completed. There was evidence of an annual appraisal review process for all staff which was on-going for 2017.

Training records for all staff were maintained in the centre and were made available to the inspector. The records indicated that all staff had received up-to-date mandatory training in fire safety, safe moving and handling practices and prevention, detection and response to abuse. The inspector observed that staff carried out safe moving and handling procedures with residents that was in line with best practice during this inspection. The training records also indicated that staff were facilitated to attend additional training to support their professional development.

There were no volunteers working in the centre at the time of the inspection.

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:

Catherine Rose Connolly Gargan
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 Elizabeth's Nursing Home
Centre ID:	OSV-0000167
Date of inspection:	10/07/2017
Date of response:	27/07/2017

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:

The details of the drills as recorded did not comprehensively inform all aspects of the procedure as required in Schedule 4, Paragraph 10 of the Regulations.

1. Action Required:

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

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

the Chief Inspector.

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

The Registered Provider will ensure that the fire officer conducting fire drills bi-annually records comprehensive details of the procedure as required in Schedule 4, Paragraph 10 of the Regulations, including corrective feedback given to staff and improvement measures needed.

Proposed Timescale: 30/11/2017

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 was insufficient storage for items of residents' assistive equipment.

2. Action Required:

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

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

The registered provider will construct additional storage facility for residents' assistive equipment.

Proposed Timescale: 31/12/2017