Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Good Counsel Nursing Home
Centre ID:	OSV-0000416
Centre address:	Crossagalla, Kilmallock Road, Limerick.
Telephone number:	061 416288
Email address:	emmetbeston@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Good Counsel Nursing Home Limited
Provider Nominee:	Eileen Beston
Lead inspector:	Mairead Harrington
Support inspector(s):	Michelle O'Connor
Type of inspection	Announced
Number of residents on the date of inspection:	27
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:	To:
09 March 2017 09:40	09 March 2017 18:00
10 March 2017 09:30	10 March 2017 15:45

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	Substantially Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
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	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
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	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced registration renewal inspection. Documentation to support the renewal application had been submitted in keeping with requirements. Current registration is due to expire on the 30 May 2017. As part of the inspection the inspectors met with a number of residents, the person in charge and provider, relatives and visitors, persons participating in management, the community mental health nurse, the physiotherapist and numerous other staff

members. The inspectors observed practices, the physical environment and reviewed all governance, clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records to inform this application. The management and staff team displayed a good understanding of the roles and statutory duties.

The person in charge was also the provider and held responsibility for the delivery of the service since it opened on its current location in 1991. The person in charge and her deputy were in attendance throughout the inspection process and both demonstrated a commitment to providing person-centred care to the residents. A clearly defined management structure in place. The management team were proactive in response to the actions required from the previous inspection and a number of improvements had since been implemented. These included risk management provisions in relation to smoking and the acquisition of new dining room furniture and equipment.

Several quality questionnaires were received from residents and relatives and the inspectors spoke to a number of residents and relatives throughout the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Residents provided feedback that staff were "friendly and courteous". A relative commented on the "kindness, courtesy and respect" in relation to care by both staff and management. Several visitors spoken with were able to comment on the care over a period of time, as they had had several relatives admitted to the centre. This feedback was consistently positive with comments on the 'homeliness' and 'family atmosphere' of the centre. The inspectors saw numerous visitors attend the centre throughout the two day inspection.

The premises were well presented with all fittings and equipment clean and well maintained. An ongoing schedule of maintenance was in place. There was evidence that the individual needs of residents were being met and that staff supported residents to maintain their independence where possible. Effective care planning ensured that the residents' health and social care needs were addressed. Residents had access to appropriate health care facilities and services. Nursing care was found to be evidence-based and supported by relevant assessments. Residents could exercise choice in their daily life. Some aspects of the service required improvement in order to further comply with the requirements of the regulations. These included the maintenance of documentation, training and premises issues. These are discussed under the relevant outcome statements and the provider has set out actions to address these issues as set out in 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 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:
A copy of the statement of purpose was readily available for reference and the person in charge confirmed that it was kept under regular review. The statement of purpose described the service provided and complied with the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The current copy was revised in the course of the inspection to reflect the dimensions of communal spaces within the centre.

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

Findings:
The designated centre was a privately owned and family run service, that has been in operation on the current location since 1991. The centre was managed by Good Counsel

Nursing Home Ltd. The management structure operated with clearly defined lines of authority and accountability. The person in charge also fulfilled the role of representative of the providing service. The delivery of care was directed through the person in charge, who was supported by a clinical nurse manager and team of nursing and care staff. Deputising arrangements were in place and the clinical nurse manager fulfilled this role as required. A nominated member of management held responsibility for premises maintenance, administration and risk management. Management systems were in place to monitor the provision of service with a view to ensuring safety and consistency; these included regular staff and management meetings and daily handover processes. Management had demonstrated a commitment over time to meet the requirements of the regulations and address areas for improvement identified on previous inspections. Management confirmed that the centre was appropriately resourced to meet the requirements of the service and that planning proposals to improve premises related issues had been approved. The centre was adequately equipped to meet the needs of the service and an effective training programme was in place to support staff in their delivery of care. Management demonstrated a commitment to quality improvement. A regular and comprehensive schedule of audits was in place that covered key areas around infection control, the use of restraint and medicines management. A quality and safety review of care against the standards was completed on an annual basis that reflected the learning from audits and satisfaction surveys of residents. However, the review for the current year was in draft format and had not been finalised.

Judgment:
Substantially 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:
Information was made available to residents that outlined the services and facilities of the centre. A copy of this information booklet was available for reference in each resident's room. Each resident had a written contract that outlined the fees in respect of services to be provided in relation to care and welfare. A sample of contracts reviewed contained the information required by the regulations, such as the services to be provided, arrangements for the receipt of financial support where applicable, and a list of other services that could be provided.

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 had been no change to this appointment since the previous inspection. The person in charge had extensive experience in clinical care and was qualified in keeping with the requirements of the post. The person in charge was in attendance throughout the course of the inspection and provided information as appropriate on request. The person in charge demonstrated a professional approach that included an understanding of the statutory responsibilities of the role and a commitment to continuous learning and improvement. The person in charge also fulfilled the function of provider representative holding appropriate authority, accountability and responsibility for the provision of service.

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:
Management were responsive in addressing the issues identified on previous inspection and an audit of staff files had taken place in June 2016. Records checked against Schedule 2, in respect of documents to be held in relation to members of staff, were

available. However, in one instance where a Garda vetting application had been made for a newly appointed member of catering staff, verification documentation was not in place. Management responded appropriately and duties in respect of this member of staff were discontinued pending receipt of the finalised documentation.

Resident records that were checked were complete and contained information as detailed in Schedule 3. These included care plans, assessments, nursing notes and medical records. A directory of residents was in place. Records to be maintained as specified in Schedule 4 were in place. These included inspection reports, nutrition records in respect of residents, a record of notifiable incidents and a directory of visitors. Records of fire-safety checks and drills were maintained. However, there were some gaps in this documentation; for example, the testing of manual call-points on the fire-alarm panel was not always recorded. Maintenance records for hoists and fire-fighting equipment were available.

Current, site-specific policies were in place for all matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, as identified at Outcome 7, the policy on safeguarding from abuse required development to fully describe investigation processes in the event of an allegation of abuse. A current insurance policy was available verifying that the centre was adequately insured against accidents or injury to residents, staff and visitors. Records and documentation were securely controlled, maintained in good order and retrievable for monitoring purposes.

Judgment:
Non Compliant - Major

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 was aware of the statutory obligation to inform the Chief Inspector of any proposed absence of the person in charge for a continuous period of 28 days or more. Arrangements were in place to cover any such absence by the person in charge. The deputising member of staff was suitably qualified and demonstrated the necessary level of experience and knowledge to fulfil this role. No such absences had taken place since the previous inspection.

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:
Action identified on the previous inspection had been addressed and all full-time staff had completed current training in safeguarding, in keeping with statutory requirements. However, one part-time member of staff was overdue refresher training in this area. A current policy and procedures were in place for the prevention, detection and response to abuse. Residents spoken with by the inspectors commented on the good care they received at the centre and said that they were comfortable and felt safe. These residents were clear on who was in charge and who they could go to should they have any concerns they wished to raise. This feedback was also echoed in a number of questionnaires that were reviewed. An inspector spoke to the member of management with responsibility for administration who confirmed that, where possible, residents managed their own finances either independently or with the support of their family. At the time of the inspection the centre did not administrate accounts for any resident. There was a policy and procedure around safeguarding residents' finances that set out the requirements for the maintenance of records and signatures to confirm supervision of transactions. A sample of invoice and transaction records was reviewed that had been signed off in keeping with protocol. Management provided residents with access to a centrally controlled safe, if they wished, and each resident also had lockable storage in their own rooms. Arrangements to monitor the attendance of visitors included an entry log of signatures. Access to the front of the premises was also monitored by closed-circuit television.

There was a policy on the management of responsive behaviours that provided relevant guidance as appropriate. Many staff had completed training on the management of dementia and related behavioural psychological symptoms. Staff spoken with demonstrated an effective understanding of such behaviours and were seen to adopt an attentive approach that was person-centred in providing residents with reassurance around their anxieties and concerns.

Current policies and procedures were in place around the use of restraint that appropriately referenced national policy in this area. Management and staff were aware of the need for appropriate assessment and consultation in considering the use of any

restraint, and that all alternatives should first be considered. Assessments had been undertaken to ensure that the use of restraint was safe and appropriate; these assessments were documented on individual care plans. Regular nursing notes were in place that reflected timed monitoring of the use of such restraint. Management and nursing staff also understood the criteria for use of chemical restraint and related records were maintained where required. Systems of oversight were in place with regular audits being undertaken. A review on the use of psychotropic medicines had also been completed.

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:
Action had been taken to address the areas for improvement identified on the previous inspection. Policies and procedures relating to health and safety were site-specific and up-to-date. The risk management policy had been reviewed and now referenced the specific hazards identified in the regulations. The risk register had been revised to include centre-specific hazards, such as the nearby main road and use of oxygen. Oxygen equipment was stored appropriately when not in use. However, signage in relation to the location of oxygen within the centre was unclear and required improvement. Management were responsive in addressing areas of risk identified and a schedule of maintenance was ongoing. A recent risk assessment had recommended the installation of carbon monoxide alarms which were now in place. The smoking room had been assessed by a fire-safety consultant and recommended improvements had been completed, including new fire doors with a viewing panel, a heat detector and extraction fan. Additional safeguarding measures included the use of protective aprons, fire-retardant furnishings, ashtrays and a call-bell. A fire blanket and fire extinguisher were also accessible in this area. Individual risk assessments were in place for all residents who smoked and risk controls included the management of smoking materials and provision of a safety lighter. A review of the training matrix confirmed that all staff had received current fire-safety training. Staff were also trained in moving and handling practices. Evacuation plans for residents were personalised and regularly reviewed with input by a physiotherapist and occupational therapist, where necessary, in relation to specialised assistance to support effective evacuation. A review of records confirmed that the fire alarm was serviced on a quarterly basis and fire safety equipment was serviced annually in keeping with statutory requirements. The fire register was maintained and showed a member of staff was nominated to complete daily checks of

the fire exits and regular checks of fire safety equipment. Fire drills were completed regularly and documented appropriately for review and learning purposes. Measures in place to prevent accidents throughout the premises included grab-rails and call-bells. Emergency exits were clearly marked and unobstructed.

The inspectors saw evidence of a regular cleaning routine and practices that protected against cross-contamination included the use of a colour-coded cleaning system. An inspector spoke with members of household staff who understood infection control principles and were appropriately trained in managing the control of infection. Cleaning and laundry staff were able to describe and demonstrate appropriate infection control practice in their daily regime of cleaning. Sluice rooms and bathrooms were appropriately equipped and hazardous substances were securely stored. Staff were observed using personal protective equipment appropriately. Sanitising hand-gel was readily accessible and seen to be in regular use by staff.

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:
A centre-specific medicines management policy was in place that provided appropriate directions to staff in relation to procedures around the ordering, prescribing, storing and administration of medicines to residents. This included guidance on the handling and disposal of out-of-date medicine. All medicines, including controlled drugs, were stored securely and appropriately. Where medicines were refrigerated, temperatures were being recorded and monitored. Dates of opening were recorded on medicines such as eye-drops. The person in charge confirmed that the pharmacist attended the centre regularly and undertook a review of each resident's medicine. The person in charge explained that residents were notified of the pharmacist's attendance in order to facilitate access and consultation. A review of all standard operating procedures in relation to storage and ordering had been completed in October 2016. A regular audit process was in place around the use of psychotropic medicine. Staff received training relevant to their role.

An inspector observed a nurse administering medicine in the course of the inspection. Practice in this regard was appropriate and in keeping with guidelines. Medicine was administered in keeping with the directions of the prescription. Administering staff observed appropriate protocols in relation to hand-hygiene and ensured the secure

storage of medicine at all times. At the time of inspection no residents were responsible for administering their own medicine. Documentation provided entry areas as required to record where a resident might refuse their medicine and staff explained that such instances were referred for review by the prescriber. Where residents required their medicines to be crushed prior to administration this was appropriately authorised by the prescriber. Prescription sheets were current and contained the necessary biographical information of the resident, including a photograph for reference. Administration sheets contained the signature of the nurse administering the medication and identified the medicines on the prescription sheet. A signature bank of administering staff was in place. Administering staff had access to compliance aids and guidance information to assist them in the identification of different medicines.

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 incidents and accidents that happened at the centre was maintained and, where the circumstances of the event required notification to the Chief Inspector, these were submitted in keeping with requirements. Quarterly reports were also returned as per the regulations.

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:
Measures and systems in place to meet the health and social care needs of residents had been found in compliance on the previous inspection.

The person in charge explained that pre-admission assessments were routinely undertaken for residents, with further comprehensive assessments completed following admission. Personal care plans were maintained in hard copy format that recorded information against a range of potential care needs. Care plans were seen to be person-centred and individualised. Care plans provided instructions and guidance to staff on how to deliver care to the resident. The planning of care was supported by the use of validated tools to assess residents' individual needs in areas such as skin integrity, nutrition and risk of falls, for example. Where these assessments might identify related needs, the centre had access as necessary to allied healthcare services. A qualified dietitian was employed on a part-time basis at the centre and had regular access to residents. All residents who required it had regular nutritional screening and regular weight monitoring on at least a monthly basis. Wound management plans described dressing requirements and a resident spoken with confirmed the good care and positive outcome they had experienced in the treatment of their wound. In the course of the inspection an inspector met with the physiotherapist who provided a comprehensive account of the processes around assessment, review and referral for residents. This process included consultation and referral as necessary to an occupational therapist. Management confirmed that the centre could access the services of an occupational therapist as required. Documentation on the care plans reviewed reflected these circumstances of care support. A dentist and optician attended residents at the centre on at least an annual basis for review and treatment. A chiropodist was also in regular attendance at the centre. Residents were seen regularly by their general practitioner (GP) and nursing notes reflected this attendance. Liaison arrangements were in place for local mental health services. An inspector met with a community health nurse in the course of the inspection who was able to describe effective processes around communication and review as necessary. The person in charge explained that there was continuous contact and communication with relatives of residents when visiting. Relatives spoken with during the inspection remarked positively on the quality and standard of care their relative received and confirmed that they were kept informed of their family member's care and circumstances. Communication systems to support staff in their awareness and understanding of residents' changing needs included regular daily handover meetings.

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

Findings:
Action identified on the previous inspection had been addressed and new bedpan washing equipment had since been installed.
The centre was a single storey, purpose built unit on the outskirts of Limerick city, set slightly back from a main road on its own grounds. Ample parking facilities were available to the front and side of the premises. Accommodation for up to 28 residents was laid out on the ground floor to either side of the main entrance area. Resident accommodation comprised 20 single bedrooms, of which three were en-suite, and four twins, one of which was en-suite. All others were equipped with wash-hand basins. Screens to protect privacy were in place in shared rooms. Individual accommodation provided adequate space for the use of assistive equipment, if necessary, and also space for the storage of personal belongings. Residents also had the facility of a secure locker. Resident rooms were personalised to varying degrees with individual belongings and toiletries. Bathroom and toilet facilities were appropriately located and accessible throughout the premises. Residents also had the use of an assisted bath. Separate facilities were available for use by staff. There was seating in a bay area at the entrance that opened out onto a central garden with lawns and a fountain. This garden area was secure and was a space where residents could sit out in fine weather. Corridors were wide and provided grab-rails to support residents when mobilising independently. Appropriate signage was in place to facilitate residents in orientating around the centre and identifying utilities such as toilets and bathrooms. There was a central communal sitting area where residents could congregate for activities and prayers. There was also a smoking room that was appropriately equipped as required. Adequate facilities were available for the storage of equipment such as hoists and wheelchairs. The dining area was well laid out with tables attractively set for individuals and small groups. The premises overall was well decorated and the grounds were well maintained. Residents could exercise choice as to where they met with their visitors, either in their room or one of the communal areas. However, there was no designated private space for residents to receive visitors. Call-bells were in place throughout the centre, where required, and their location and access was the subject of a regular audit. Furnishings were in good condition and comfortable. Heating, lighting and ventilation was appropriate to the size and layout of the centre. Kitchen facilities were laid out and appropriately equipped for the size and occupancy of the centre. The laundry area was well equipped and suitable in design to meet its purpose, with sufficient space and facilities to manage all laundering processes.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures

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

Theme:
Person-centred care and support

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

Findings:
Information on how to make a complaint was provided in both the statement of purpose and the residents' guide. A recently reviewed complaints policy set out the procedure for making a complaint and also described the internal appeals process. It identified the complaints officer and the nominated individual with oversight of the complaints process.

A complaints log was in place that included entries for the complaint and complainant, details of any investigation into the complaint and the outcome. A review of the complaints log indicated there had been no concerns raised since the last inspection. However, discussion with a member of staff indicated a complaint had been raised and, while resolved satisfactorily, the process had not been fully documented. The person in charge was in daily attendance and met regularly with residents to ensure their needs were met. Information on how to make a complaint was displayed at the entrance to the centre. Residents spoken with said that if they had an issue they would raise it with a member of staff. There were regular resident meetings where issues could also be raised. The person in charge explained that any items that might be raised by residents at these meetings were usually addressed informally as they arose.

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:
Relevant policies were in place around end-of-life care that had been reviewed in January 2017. These provided direction and advice to staff on how to manage the care of residents at end of life and how to meet their physical, psychological, social and

spiritual needs. The centre provided for diverse religious beliefs and memorial services took place at the centre for deceased residents. The centre had access to local palliative care services and a number of staff had also received training in this area. Documentation on care plans reviewed included information on spirituality and dying that reflected consultation with residents and their relatives as appropriate. Visitors spoken with remarked on the supportive care that had been provided for their relatives and the consideration they had personally received in being able to be with their relative at this time.

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:
Policies were in place in relation to protected mealtimes and nutritional monitoring that had been reviewed in January 2017. The nutritional needs of residents were assessed as part of the admission process and subsequently reviewed quarterly or as changing needs might require. Resident weights were recorded routinely on a monthly basis or more frequently if a significant change was noted. A member of staff was qualified in food science and nutrition and provided advice as required in relation to the development of menus and resident specific diets. A standardised nutritional assessment tool was used to inform the development of care plans around diet and nutrition. The centre had access to the services of a speech and language therapist as required.

Policies provided effective guidance on the recording of information. Dietary requirements were documented and readily available for reference in the kitchen. An inspector spoke with a member of kitchen staff who had relevant experience and training in food management and safety. The staff member described communication systems to ensure residents received meals according to their needs and preferences. The kitchen was well equipped and its facilities were appropriate to the requirements of the layout and occupancy of the centre. A copy of the most recent environmental report was available.

The dining area was well presented and provided adequate seating for all residents. Residents also had the choice of taking meals in their room. There was an adequate number of staff attending to residents at mealtimes and appropriate support was seen to be provided where residents required assistance with their meal. A lunch menu for

the day was on display which offered a starter, choice of main course and dessert. An inspector observed mealtime service and noted that the meals provided were freshly prepared, nutritious and appetising in presentation. Inspectors observed that snacks and refreshments were available and offered regularly throughout the day.

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

Findings:
Appropriate action had been taken to address an issue identified on the previous inspection and privacy in a shared bathroom facility was now protected by restricted access.

There was a policy on autonomy and independence dated January 2017 that described the centre's aim to meet the needs of all resident in relation to privacy and dignity when developing the daily routines of residents around activities and communication. There were regular meetings for residents to discuss issues in relation to the daily running of the centre and minutes of these were available for reference. A review of these minutes indicated that residents were able to express their view around the development of recreational facilities, such as the introduction of planters in the garden area and the development of a new communal area to replace the existing smoking room. Management also presented information to residents on safeguarding measures in place during these meetings. There was evidence of discussion and feedback on celebrations to mark occasional events, such as St Patrick's day and St Valentine's day. The views of residents were also sought through a regular satisfaction survey. There was a regular mass service at the centre and management confirmed that they could provide access to pastoral care, depending on the denomination of the resident as needed. Communication in the centre was supported with residents having access to a private phone and appropriate devices to utilise information technology according to their needs and preferences. Residents were provided with access to radio and TV. The centre made community information accessible and residents were provided with copies of local newspapers. There was a policy in place on resident rights and arrangements were in place to support residents when voting in elections. Residents could choose how they spent their time and had access to adequate communal space for activities and

recreation. Arrangements were in place to support residents in their individual interests such as trips to the nearby town for shopping and socialising, outings and access to local day services. The centre provided a range of activities at no additional cost. These were supervised by nominated staff. During the course of the inspection residents were seen to participate in, and enjoy, both group and individual activities. A regular music programme also took place.

The centre was well laid out with secure access to a garden and lawn area with seating and a fountain. A regular hairdressing service was accessible and also available on request. There was a policy on advocacy and consent and information was on display at the centre identifying the independent advocate and providing contact details. However, arrangements were not in place for the independent advocate to attend the centre and meet residents. Members of staff and management demonstrated a person-centred approach to communication and care. They took time with the residents to explain what they were doing and find out what residents wanted or needed. Residents spoken with commented positively on their experience of care at the centre and were complimentary of both staff and management.

Judgment:
Substantially Compliant

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

Theme:
Person-centred care and support

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

Findings:
There was a policy on residents' personal property and possessions that had been reviewed in January 2017. An inventory of individual resident belongings was maintained on resident care plans for reference. Appropriately equipped laundry facilities were in place and staff were able to demonstrate effective systems of laundry management and labelling to ensure that residents retained control over their personal items of clothing.

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:
Appropriate action had been taken to address areas for improvement identified on the previous inspection. Resourced training was available that fully reflected the needs of the resident profile. The training programme covered infection control, dementia and related behaviours, palliative care and person-centred elder awareness. New staff received induction training and an appraisal system was in place. Staff were supported in progressing their professional development and access to relevant courses was facilitated. Staff spoken with understood their statutory duties in relation to the general welfare and protection of all residents. A planned and actual staff rota was in place that indicated staffing levels were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. The delivery of care was directed through the person in charge, supported by a senior staff nurse who also deputised in this role. Appropriate supervision was in place on a daily basis with a qualified nurse on duty at all times.

Supervision was also implemented through monitoring and control procedures such as audit and review. Daily handover meetings took place to ensure staff were aware of the current circumstances of residents. Documentation was maintained in relation to staffing records as required by Schedule 2 of the regulations; where there were omissions in this regard they are recorded for action at Outcome 5 on Documentation. Recruitment procedures verified the qualifications, training and references of all staff. There were no volunteers engaged at the centre at the time of 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:

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Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	Good Counsel Nursing Home
Centre ID:	OSV-0000416
Date of inspection:	09/03/2017
Date of response:	07/04/2017

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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The quality and safety review for the current year was in draft format and had not been finalised.

1. 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

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

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:
Our annual review is now finalised and is being submitted in conjunction with this report.

Proposed Timescale: 06/04/2017

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 policy on abuse safeguarding required development to fully describe investigation processes in the event of an allegation of abuse.

2. 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 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:
Our policy on abuse has been revised to fully describe the investigation processes in the event of an allegation of abuse.

Proposed Timescale: 30/03/2017

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Verification of Garda vetting was not in place for one member of staff as required under Schedule 2.
The testing of manual call-points on the fire-alarm panel was not always recorded as required under Schedule 4.

3. 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:

We have satisfactory Garda Vetting on file for all current staff. All future newly recruited staff will only commence duties on receipt of a satisfactory Garda Vetting.

The testing of manual call-points is now being recorded as required under schedule 4.

Proposed Timescale: 17/03/2017

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One part-time member of staff was overdue refresher training in this area.

4. Action Required:
Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

Please state the actions you have taken or are planning to take:
Refresher training is scheduled for this staff member for completion on the 27/04/2017.

Proposed Timescale: 27/04/2017

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:
Signage in relation to the location of oxygen within the centre was unclear and required improvement.

5. Action Required:
Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
New signage is now in place identifying the location of oxygen within the centre.

Proposed Timescale: 28/03/2017

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 no designated private space for residents to receive visitors. **6. 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 is in place for the construction of a new conservatory leading from our main hallway in to our enclosed garden at the back of the building. Once complete this will allow for a private space to be created for residents to receive visitors. Planning Permission has been granted for same. A Fire Cert and Disability Access Cert application has been submitted by our Engineer and is awaiting approval. On receipt of same and approval of our commencement notice we will commence works. We have tendered this project and have identified a preferred Building Contractor who will commence works on receipt of the above certification. We plan on having the works complete and the new area of the building fully functional by the 16/06/2016. The full extent of the planning permission granted includes: Phase 1) The building of the conservatory as discussed above. Phase 2) An extension at the back of the building of 25,000 sq feet providing 45 additional private en-suite rooms together with a new kitchen, dining facilities, activities room, chapel, quiet room, visiting rooms, music therapy room, salon, family rooms, an overnight stay area for family member in the event of same being required and associated housekeeping areas etc. The extension will enclose our back garden and new garden areas have been designed by a professional landscaping architect who has experience in similar environments. The gardens will include herb parterre, planting beds, a paved courtyard, water features, enclosed seating areas etc. These gardens will allow for access to enclosed areas along with a walkway around our extensive grounds some 4 acres. We would hope to commence works on this building in 2018. Phase 3) On completion of the new extension the existing building will be fully refurbished.
Proposed Timescale: 16/06/2017

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:
A complaint process had not been fully documented.

7. Action Required:
Under Regulation 34(2) you are required to: Fully and properly record all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are and ensure such records are in addition to and distinct from a resident's individual care plan.

Please state the actions you have taken or are planning to take:
All future complaints processes will be fully documented. A staff meeting has taken place reiterating the necessity of same.

Proposed Timescale: 02/04/2017

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:
Arrangements were not in place for the independent advocate to attend the centre and meet residents.

8. Action Required:
Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

Please state the actions you have taken or are planning to take:
The residents independent advocate attended the centre on the 03/04/2017 and will continue to do so on a maximum of a twelve monthly basis or more frequently if required.

Proposed Timescale: 03/04/2017