

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Maria Goretti Nursing Home
Centre ID:	OSV-0000417
Centre address:	Proonts, Kilmallock, Limerick.
Telephone number:	063 989 83
Email address:	mgnh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Maria Goretti NH Partnership
Lead inspector:	John Greaney
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	54
Number of vacancies on the date of inspection:	7

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:
10 January 2018 09:30	10 January 2018 18:30
11 January 2018 08:30	11 January 2018 17:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

Maria Goretti nursing home is located in a rural area of Co. Limerick approximately 1.5 kilometres from the town of Kilmallock. It is a single storey premises that is registered to accommodate 61 residents in 21 single bedrooms, nine twin bedrooms and five four-bedded rooms. There are also two apartments and each one consists of a single bedroom, sitting room and a small kitchen.

This report sets out the findings of an announced inspection. The inspection was carried to assess compliance with regulations and standards as part of the process of renewing the registration of the centre, which is due to expire on 13 June 2018. As part of the inspection the inspector met with the person in charge, who was also the registered provider representative, the clinical nurse manager, residents, relatives, and other staff members. The inspector observed practices and reviewed

documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall the inspector was satisfied that residents received care to a good standard. Residents and relatives spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. Staff demonstrated an understanding of their roles and responsibilities. Residents had control over their daytime routine, including when to get up in the morning, when to go to bed and when to have breakfast. A number of questionnaires were received from residents and relatives and the inspector spoke to many residents and relatives throughout the inspection. The collective feedback from residents and relatives was one of great satisfaction with the service and care provided.

Significant improvements had been made to the décor since the last inspection. A programme of painting had been undertaken and many areas were freshly painted including corridor walls, communal areas and some bedrooms. New curtains and duvets were provided in many of the bedrooms. A number of antiques items had also been purchased to give the centre a more homely feel. These included an old style dresser; a wash stand, jug and basin; and a radio. An old style shop front had also been created in one of the sitting rooms. There was new signage erected to support residents navigate the centre.

While there was evidence of a good standard of care being provided, some improvements were required, most notably in the area of fire safety. For example, one fire compartment had the capacity to accommodate 18 residents and there were 14 residents accommodated in this section on the days of inspection. Based on available records, the inspector was not satisfied that there was an adequate assessment and plan to ensure the evacuation of all residents from this section in a timely manner in the event of an emergency, such as a fire. The provider was requested to put measures in place to support the timely evacuation of all residents as a matter of urgency. The provider was also requested to obtain advice in relation to the design and layout of the centre in relation to fire safety and in particular this fire compartment. The advice should also include the design and layout of two apartments in this section, one of which was occupied.

While an application to renew the registration of the centre was submitted, the application form was not signed by all partners and was therefore deemed to be an incomplete application and was returned to the provider. At the time of writing this report, a completed application for the renewal of registration had not been received.

Other required improvements included:

- records of fire drills did not address the complete evacuation of a fire compartment
- the fire alarm was not sounded weekly
- some staff had not attended up-to-date training in safeguarding and responsive behaviour
- the risk assessment for the use of bedrails for at least one resident required review.

The action plan at the end of this report identifies where improvements are needed 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.

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:

There was a written statement of purpose that outlined the aims and objectives of the centre and detailed the facilities and services provided for residents. It contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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:

There were adequate resources to support the effective delivery of care. There was a clearly defined management structure. The centre was owned and operated by four partners and one of the partners was responsible for the day to day operation of the centre and was also the person in charge. The person in charge was supported in her role by a clinical nurse manager 2 (CNM 2).

The governance structure had recently been enhanced by the creation of a clinical governance group. The first meeting of this group was held in August 2017 and a further two meetings had been held since then. The agenda for the meetings was based around HIQA inspection outcomes and focused on quality improvement initiatives, including the results of audits and external inspections.

There was a comprehensive programme of audits on issues such as waste management, hand hygiene, bedrails, infection prevention and control, health and safety, medication management, the environment, and falls analysis. Where improvements were required, there was an associated action plan identifying who was responsible for completing the action and a timescale for when it should be done.

There was an annual review of the quality and safety of care and this was made available for residents. The quality review process included consultation with residents and relatives.

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:

The centre was managed by a suitably qualified and experienced nurse manager. The manager had extensive experience in the area of nursing of the older person. She demonstrated sufficient clinical knowledge and a sufficient knowledge of the legislation and her statutory responsibilities.

The person in charge was engaged in the day-to-day governance, operational management and administration of the centre on a regular and consistent basis. Residents could identify the person in charge.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and

Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were generally maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

The centre was insured against accidents or injury to residents, staff and visitors. The centre had 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.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was no period when the person in charge was absent from the centre for a period that required notification to the Chief Inspector. There were adequate arrangements in place for the management of the centre in the absence of the person in charge.

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):

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

Findings:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Residents and relatives spoken with by the inspector were very complimentary of staff and of the care provided. Residents spoken with stated that they felt safe in the centre and relatives stated that staff were kind and caring to residents. The inspector observed staff interacting with residents in an appropriate and respectful manner. Training records indicated that a small number of staff had not received up-to-date training in recognising and responding to abuse, however, the person in charge stated that these records were inaccurate. Updated training records had not been submitted to the inspector prior to the completion of this report to demonstrate that all staff had attended up-to-date training. Staff spoken with by the inspector were knowledgeable of what constitutes abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including to whom any incidents should be reported. Where there were suspicions or allegations of abuse, these were appropriately investigated.

There was a policy on, and procedures in place, for managing responsive behaviour. Where there was evidence of responsive behaviour, care plans contained adequate detail in relation to the communication needs of residents and identified any antecedents to responsive behaviour and de-escalation techniques. Training records viewed by the inspector indicated that not all staff had attended up-to-date training in responsive behaviour.

A restraint free environment was promoted. The only form of restraint evident in the centre on the days of inspection were bedrails and these were in place for seven residents. Where bedrails were in place, there was a risk assessment completed prior to the use of restraint, and safety checks while restraint was in place. Improvements were required, however, as the risk assessment for at least one resident for the use of bedrails had not been reviewed in the recent past to demonstrate that it was still relevant. There was evidence of efforts to minimise the use of restraint, such as the use of low low beds and crash mats.

Based on a sample of records viewed there were adequate measures in place to safeguard residents' finances. Where transactions were made by or on behalf of

residents, there were two signatures, including the residents' signatures, where possible. receipts were also available for expenditures made on behalf of residents.

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:

There was an up-to-date safety statement. There was a risk management policy and associated risk register that included clinical, operational and environmental risks and addressed the items specified in the regulations. There was evidence of the on-going review of risks and the risk register was updated regularly. There was an emergency plan that gave clear guidance to staff as to their responsibilities in the event of various emergencies, including the evacuation of the centre.

There were measures in place for the prevention and control of infection such as wash hand basins and hand gel dispensers located at suitable intervals throughout the centre. There was an up-to-date policy on infection prevention and control that provided good guidance to staff on issues such as hand hygiene, management of waste and the management of an outbreak of infectious disease. An on-going programme of training was in place for infection prevention and control, including hand hygiene. Significant improvements had been made to the laundry from an infection control perspective since the last inspection. The laundry was renovated and enlarged and a procedure was in place to ensure clean and dirty linen were segregated to minimise opportunities for cross contamination. A wash hand basin had also been installed in the laundry.

The Inspector reviewed the fire safety register. Fire equipment, fire alarm and emergency lighting preventive maintenance was up-to-date and carried out at the recommended frequency. There were records of daily, weekly and monthly fire safety checks, however, the weekly sounding of the fire alarm had been discontinued in December 2017. This was not in compliance with recommended guidance. Training records indicated that staff had attended annual fire safety training, and all staff had attended this training. A small number of staff, however, were due refresher training. There were records of fire drills that outlined the scenario practiced and the number of staff involved. Improvements, however, were required as records available did not always detail the actual time taken to simulate the evacuation of residents. Additionally, each drill only simulated the evacuation of one or two residents and it was not possible to ascertain how long it would take staff to evacuate a full compartment.

There was a smoking room that was ventilated by natural and mechanical means and contained a call bell. A fire retardant smoking apron was also available in the room. There was a fire extinguisher and fire blanket located immediately outside the door of the room. There was only one resident that smoked and there were adequate measures in place for the supervision of the resident in relation to smoking and level of access to a lighter and cigarettes. However, while staff were able to describe the supervision arrangements for this resident while smoking, and it was evident that a risk assessment had been carried out, this was not documented. This was satisfactorily addressed prior to the end of the inspection.

A fire safety risk assessment had been carried out in September 2017 and risks were priority rated according to the level of risk posed and the suggested timescales within which they should be addressed. The provider was in the process of addressing the action plan, however, this was not yet complete.

Personal emergency evacuation plans were in place for all residents indicating the most appropriate means of evacuation in the event of an emergency. Ski sheets were in place under a number of beds to aid evacuation and a number of ski pads were appropriately located throughout the centre.

Significant improvements, however, were required in relation to fire safety. For example, one fire compartment had the capacity to accommodate 18 residents. There were 14 residents accommodated in this section on the days of inspection. A number of residents accommodated in this section were assessed as being maximum dependency and would require two staff at a minimum to assist them to evacuate. Based on available records, the inspector was not satisfied that there was an adequate assessment and plan to ensure the evacuation of all residents from this section in a timely manner in the event of an emergency, such as a fire. The provider was requested to put measures in place to support the timely evacuation of all residents as a matter of urgency. The provider was also requested to obtain advice in relation to the design and layout of the centre in relation to fire safety and in particular this fire compartment. The advice should also include the design and layout of the two apartments in this section, one of which was occupied. This review should incorporate the location of the bedroom within the apartment and the controls in place to mitigate the risk associated with cooking facilities in the apartment.

Judgment:

Non Compliant - Major

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:

There was a medication management policy for ordering, prescribing, storing and administration of medicines. The inspector viewed a sample of residents' prescriptions and all contained appropriate information including a recent photograph of the resident; the name, dosage and route of administration for all medicines; and the maximum dosage for prn (as required) medications. There was a system in place to ensure that medications delivered to the centre matched what was prescribed.

The inspector found that practices in relation to prescribing and medication reviews met with regulatory requirements and staff were observed to follow appropriate administration practices.

There were regular medication audits carried out by staff in the centre and also by a visiting pharmacist; improvements were made as a result of issues identified. Medication errors were recorded and actions identified to minimise the risk of reoccurrence. There was evidence of attendance at medication management training by nursing staff.

Medications requiring special control measures were managed appropriately. Records indicated that these were counted by two nurses at the end of each shift. The temperature of the fridge and the ambient temperature in to room was monitored and recorded. There was an adequate system in place for the return of unused and out-of-date medicines to the pharmacy.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Residents' healthcare needs were met to a good standard and they had access to appropriate medical and allied healthcare services. All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. Based on a sample of records reviewed, GPs visited the centre on a regular basis to review residents.

Residents had good access to allied health/specialist services. Dietetic and speech and language services were provided by a nutritional supply company and there was evidence of appropriate referral, assessment and review. A physiotherapist was employed in the centre for three days each week. All new residents received a physiotherapist assessment on admission and a plan was put in place based on the assessment. The physiotherapist also worked with other residents to promote and support mobility and independence, and also to advise on manual handling practices. The centre also had good access to an occupational therapist, who was employed as an activities coordinator with designated hours each week to provide occupational therapy assessments to residents. Records also indicated that residents received reviews by opticians and chiropody.

The inspector reviewed a sample of residents' care plans. Residents received a comprehensive assessment at admission using evidence based assessment tools for issues such as risk of falls, risk of malnutrition and risk of developing a pressure sore. A pre-admission assessment was carried out by the person in charge to ascertain that the centre could meet the needs of the resident. Care plans were developed based on issues identified on assessment and these were found to be person centred and provided adequate guidance on the care to be delivered. Records indicated that relatives were consulted in relation to care plans and were kept informed of changing needs.

Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

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:

Maria Goretti nursing home is located in a rural area of Co. Limerick, approximately 1.5 kilometres from the town of Kilmallock. It is a single storey premises that is registered to accommodate 61 residents in 21 single bedrooms, nine twin bedrooms and five four-bedded rooms. There are also two apartments and each one consists of a single bedroom, sitting room and small kitchen. All of the bedrooms were en suite with toilet, shower and wash hand basin.

On the days of inspection the centre was bright, clean and in a good state of repair. Communal space comprised two sitting rooms, a visitors/family room and two dining rooms. There was a small oratory. There was also a smoking room that was ventilated to the external air by natural and mechanical means. There was a fire blanket and fire extinguisher located outside the smoking room. There was an enclosed garden that was readily accessible to residents with raised flower beds, a large water feature, garden furniture and lots of potted plants that were chosen by residents. Some residents were involved in maintaining the garden and were supported by staff to do so.

Significant improvements had been made to the décor since the last inspection. A programme of painting had been undertaken and many areas were freshly painted including corridor walls, communal areas and some bedrooms. New curtains and duvets were provided in many of the bedrooms. A number of antiques items had also been purchased to give the centre a more homely feel. These included an old style dresser; a wash stand, jug and basin; and a radio. An old style shop front had also been created in one of the sitting rooms. There was new signage erected to support residents navigate the centre.

There were records of the preventive maintenance of equipment such as beds, hoists, mattresses and speciality mattresses available.

Judgment:

Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

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

Findings:

There were policies and procedures in place for the management of complaints. The policy identified the complaints officer, an independent appeals process and also the

person responsible for overseeing the complaints process to ensure all complaints are responded to and that adequate records are maintained. The complaints process was on display in a notice board at the entrance to the centre. A user friendly complaints procedure had been developed that included pictorial prompts and this was also available to residents and relatives near the main entrance.

The inspector reviewed the complaints log that contained a record of the complaint and included verbal complaints. Records indicated that each of the complaints were resolved and were reviewed by the person in charge. The record also detailed the satisfaction, or otherwise, of the complainant with the outcome of the complaints process. Residents and relatives spoken with by the inspector stated they had no problem in discussing any matter with the person in charge or any member of staff.

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:

Residents were consulted about how the centre was planned and run through residents' meetings, which were held monthly. These meetings were usually chaired by the activities coordinator and records indicated that issues raised were brought to the attention of the person in charge to be addressed. Feedback was obtained from families through a family forum that was held quarterly. Feedback from relatives was also obtained through a survey that was recently completed. Feedback from that survey was very positive and where issues were raised, such as the misplacement of clothes after being sent to the laundry, improvements were implemented. Prior to this inspection a number of questionnaires were given to residents and relatives. Thirteen completed questionnaires were returned and feedback was overwhelmingly positive. This was supported by feedback from relatives to the inspector throughout the two days of the inspection. Residents also access to advocacy services as required.

As found on previous inspections, residents' independence was supported and promoted. For example, one resident was facilitated to cook their own meal. Another resident continued to drive their car and visited home on an almost daily basis. Some

residents were allowed to walk around the grounds of the centre following an appropriate risk assessment. There was ready access to the enclosed garden for all residents and some were involved in its maintenance, for example, planting shrubs and flowers. Residents were also assisted to go to the shops periodically.

There was adequate communal space and adequate space for residents to meet with visitors in private, should they so wish. Staff were seen to treat residents with courtesy and respect. Residents were complimentary of the staff, stating that they were caring and kind.

There was an activities coordinator present in the centre each day from Monday to Friday and there was a varied programme of activities, some of which were lead by external providers and some lead by the activities coordinator. An art therapist visited the centre for one day each week and residents' art was framed and on display throughout the centre. There were weekly music sessions and residents were seen to enjoy and actively participate in singing on the second day of the inspection. There was a men's group that met once a week and activities included the building of various items, such as shelves and bird boxes. There were regular themed parties based around days such as Valentines day, St. Patrick's Day, and Christmas and there was a summer BBQ. There was a vintage harvest festival held on the grounds of the centre, which the residents thoroughly enjoyed and involved members of the community displaying various antique equipment, such as farm ploughs. A large national department store visited the centre and brought items, mainly clothing, to sell. Residents very much enjoyed the opportunity to be able to purchase items of clothing, some of which were clothes for their grandchildren.

In addition to activities held in the centre, residents were supported to visit amenities external to the centre, such as the donkey sanctuary, Bunratty Folk Park , bowling, and "a hop", which was a dance held in the local community hall.

Residents religious preference were respected and facilitated. Mass was celebrated in the centre weekly and there were prayer sessions each day. There was access to television, radio and local and national newspapers.

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:

There were adequate numbers of staff and skill mix to meet the needs of residents, and to the size and layout of the centre. An actual and planned roster was maintained in the centre with any changes clearly indicated. Residents and relatives spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. Staff demonstrated an understanding of their roles and responsibilities.

The training matrix was made available and the inspector found that there was a good level of appropriate training provided to staff and staff were supported to deliver care that reflected contemporary evidence based practice. Records viewed by the inspector confirmed most staff had attended mandatory training in areas such as fire safety, safeguarding and responsive behaviour. While training in manual handling had been facilitated for staff, a number of staff were overdue attendance at this training. Staff also had access to a range of education on areas such as infection prevention and control, medication management, dementia, hand hygiene, risk assessments, and dysphagia.

The centre had a process of staff appraisal. Staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. A sample of staff files reviewed contained all of the requirements of the regulations.

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:

John Greaney
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:	Maria Goretti Nursing Home
Centre ID:	OSV-0000417
Date of inspection:	10/01/2018
Date of response:	19/2/2018

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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

A completed application for registration renewal had not been submitted within the required timeframe in advance of the inspection.

1. Action Required:

Under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 you are required to: Provide all documentation prescribed under Regulation 4 of the Health Act 2007 (Registration of Designated

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

Centres for Older People) Regulations 2015.

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

This action is completed and relevant documentation has been submitted on 31/01/18

Proposed Timescale: 31/01/2018

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Training records viewed by the inspector indicated that not all staff had attended up-to-date training in responsive behaviour.

2. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

Training has been scheduled for all staff on the following dates Mon 19/03/18 Fri 30/03/18 and Mon 09/04/18 in response to behaviours that challenge

Proposed Timescale: 09/04/2018

Theme:

Safe care and support

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

Improvements were required as the risk assessment for at least one resident for the use of bedrails had not been reviewed in the recent past to demonstrate that it was still relevant.

3. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

All residents who are using bed rails have had an up to date risk assessment carried out and signed by appropriate MDT. All risk assessments will be reviewed 4 monthly in conjunction with care plan reviews or sooner if there are any changes to residents condition/needs. We have also compiled a restraint register containing written consent

from all residents who are enablers and a risk a risk balance tool was used to complete assessments for residents who are not enablers and again all are signed by relevant MDT. This register will be updated 4 monthly or sooner if required.

Proposed Timescale: Bi Annually Mar and Sept 2018

Proposed Timescale: 30/09/2018

Theme:

Safe care and support

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

Training records indicated that a small number of staff had not received up-to-date training in recognising and responding to abuse.

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:

There is a training schedule in place for staff to attend Safeguarding Training on 01/03/18 and 08/03/18

Proposed Timescale: 08/03/2018

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

A fire safety risk assessment had been carried out in September 2017 and risks were priority rated according to the level of risk posed and the suggested timescales within which they should be addressed. The provider was in the process of addressing the action plan, however, this was not yet complete.

5. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

All outstanding actions from the fire safety risk assessment carried out in September 2017 will be complete within the next 3 months and high risk ratings will be prioritised.

Priority will be given to the installation of self-closing devices for all bedrooms within the Nursing Home, starting with the Abbeylands unit as this has been identified as posing the highest risk. Fire seals and smoke seals for all bedrooms within the Nursing Home are currently being installed at present and are being treated as a priority. In order to mitigate the current fire safety risks (until work is completed) staff are instructed to keep all bedroom doors closed at night and keep flammable items within bedrooms to a minimum. Staff to be extra vigilant in relation to electrical fire risks i.e phone chargers etc. Fire drill evacuations are ongoing and evacuation times are improving and all staff will have fire safety training completed by 15/3/18.

Proposed Timescale: 08/06/2018

Theme:

Safe care and support

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

The fire alarm was not sounded weekly.

6. Action Required:

Under Regulation 28(1)(c)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

This action is now completed and the alarm is now activated on a weekly basis and relevant documentation is completed. Following the inspection, the alarm was activated on 15/01/18 and weekly thereafter

Proposed Timescale: Completed on 15/01/18 and ongoing weekly

Proposed Timescale: 15/01/2018

Theme:

Safe care and support

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

A small number of staff were due refresher fire safety training.

7. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

The remaining staff members are scheduled to attend refresher Fire Training on 15/03/18

Proposed Timescale: 15/03/2018

Theme:

Safe care and support

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

Improvements were required in relation to fire drills, as records available did not always detail the actual time taken to simulate the evacuation of residents. Additionally, each drill only simulated the evacuation of one or two residents and it was not possible to ascertain how long it would take staff to evacuate a full compartment.

8. Action Required:

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

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

Fire evacuation drills are now carried out on a monthly basis with accurate records including evacuation time scales and are documented. A simulated evacuation fire drill of each compartment will be carried out to include all residents first drill was carried out on the 25/01/18 and are ongoing on a monthly basis

Proposed Timescale: 25/01/18 and ongoing on a monthly basis

Proposed Timescale: 25/01/2018

Theme:

Safe care and support

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

Significant improvements were required in relation to fire safety. For example, one fire compartment had the capacity to accommodate 18 residents.

- a number of residents accommodated in this section were assessed as being maximum dependency and would require two staff at a minimum to assist them to evacuate. Based on available records, the inspector was not satisfied that there was an adequate assessment and plan to ensure the evacuation of all residents from this section in a timely manner in the event of an emergency, such as a fire.
- the provider was also requested to obtain advice in relation to the design and layout of the centre in relation to fire safety and in particular this fire compartment.

- the advice should also include the design and layout of two apartments in this section, one of which was occupied. This review should incorporate the location of the bedroom within the apartment and the controls in place to mitigate the risk associated with cooking facilities in the apartment.

9. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

Work has commenced on 03/02/18 to subdivide the compartment in Abbeylands Unit which will result in one compartment containing 8 residents and the second compartment containing 10 residents. Building works relating to fire rating the structures have been completed, however we are awaiting appropriate doors for Abbeylands corridor to complete the compartmentation by 30/04/18. An extra care staff has been rostered to work the night shift in order to mitigate the risk of timely evacuation in the event of a fire. Fire evacuation drills are ongoing and the simulated evacuation times have improved. The last simulated fire evacuation carried out 6/3/18 in Abbeylands unit and was carried out in 7 minutes. 3 mobile residents took part in the evacuation and 7 staff members simulated 7 immobile residents who required sky pads. 5 staff took part in the evacuation. Fire drills will remain ongoing and more frequently carried out to mitigate the risks identified.

A qualified fire safety engineer has reviewed the two apartments in Abbeylands unit. The engineers' recommendation regarding control measures have been put in place to mitigate the risk associated with cooking facilities in Apt 33. An isolation switch was installed that turns off the power going to the cooker after 6 pm at night. A fire blanket and small fire extinguisher was installed in the kitchen and training was provided to the resident in relation to the use of same. Fire Safety rating will be completed in Apt 33 by 30/04/18. The fire safety engineer carried out an assessment of apartments 33 and 36 12/3/18 and his report identifies a fire evacuation risk in relation to location of bedrooms (inner rooms within the apartment). He has made a recommendation of removing existing bedroom windows and constructing a 1000mm clear opening fire exit glass door and side panel, therefore the bedrooms cannot be considered an inner rooms. This work will be completed by 16/6/18. To mitigate this risk until this work has been completed in both apartments a third night staff has been rostered until fire doors to sub divide the Abbeylands compartment has been completed.

Proposed Timescale: 16/06/2018

