

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Holy Family Residence
Centre ID:	OSV-0000050
Centre address:	Little Sisters of the Poor, Holy Family Residence, Roebuck Road, Dundrum, Dublin 14.
Telephone number:	01 283 2455
Email address:	ms.holyfamily@lspireland.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Little Sisters of the Poor
Provider Nominee:	Mary Teresa Bible
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	59
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:
05 October 2017 10:00	05 October 2017 17:30
06 October 2017 09:30	06 October 2017 17:30

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	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This inspection was carried out in response to the provider's application to renew the certificate of registration. The provider's application is for ongoing registration of 60 beds. Unsolicited information and notifications received were also considered as part of this inspection. The centre accommodates mainly people over 65 years, some of whom may have physical and sensory difficulties. A number of residents living at the centre also had a diagnosis of dementia.

The provider and person in charge had fully addressed non-compliances from the last inspection on 20 June 2016. Improvements completed related to medicines management, fire safety measures and updating the statement of purpose. The inspector found that the residents received a good quality service, and had positive feedback about the quality of life living at this centre.

As part of this inspection, the inspector met with residents, relatives and staff members. She observed practices and reviewed documentation such as care plans, audits, management meeting minutes and policies and procedures. The inspector also met the provider, person in charge and the assistant director of nursing at the centre on the day. All were able to provide clear information to the inspector when requested.

The inspector found that residents were supported by a staff team who knew them well. Staff were skilled and experienced in providing health and social care to residents. They had completed relevant training for their roles. Twelve residents and 14 relatives provided written feedback to say that overall they were well supported by the staff team, good communication took place, with staff who were kind and treated them with respect.

A review of residents records showed that relevant assessments were carried and where residents required support, care plans were in place with guidance to staff about how it was to be provided. A new electronic-based record keeping system had been implemented since the last inspection and staff were still learning how to use the system. Overall, staffing in place on the day of the inspection was adequate to meet the assessed needs of residents.

The governance and management systems operated in the centre were seen to be effective and provided assurance to the inspector that the provider and all staff were providing a safe service to residents. Regular audits were carried out by the management team to ensure positive outcomes for residents were being achieved, and if improvements were identified actions were agreed and reviewed. Reviews and requests for feedback, including satisfaction surveys were also carried out with residents and relatives which informed any improvements planned.

The findings are discussed throughout the report and areas for improvement are outlined in the action plans 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):

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

Findings:

There was a written statement of purpose (version 4), dated July 2017 that adequately described the service and facilities that are provided in the centre. The written statement of purpose consists of detailed aims and objectives of the designated centre.

The management have kept the statement of purpose under review and revised the content at intervals of not less than one year.

The statement of purpose 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).

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an on-going basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The governance and management systems operated in the centre were seen to be effective and provided assurance to the inspector that the provider and all staff were providing a safe service to residents.

Actions from the previous inspection had been addressed and improvements maintained. Fire safety procedures and fire maintenance works had now been completed, and related documentation available for inspection. In addition the inspector was informed that improvements to lighting and major works to the roof have just been completed.

There was a clearly defined management structure with lines of authority and accountability. The centre is operated by an unincorporated body, the Little Sisters of the Poor, the chairperson of the committee visits the centre every two months and is available to the provider who is based at the centre. The provider and the person in charge work in the centre on a fulltime basis.

Staff and residents were familiar with current management arrangements. Residents were complimentary of the management team. Residents told the inspector that they knew the managers and unit sisters by name and they were accessible to talk to at any time. Residents were complimentary about the staff and the service they received. The inspector found that the service was adequately resourced to meet resident needs and increased staffing had been maintained since the previous inspection.

A new electronic record-keeping system had been introduced and staff were receiving training and supports to fully implement. An audit of care plans was undertaken regularly by the assistant director of nursing. Feedback on this was given to each nurse in order to make improvements in records and as part of monitoring and implementing the new electronic record keeping system.

Data was collected in relation to various aspects of the service such as the number of residents with infections, weight loss, pressure-related wounds, bed bound or chair bound residents, bedrails in use and environmental hazards. This data informed clinical governance and management meetings.

There were no written complaints since the previous inspection and all were managed in line with the policy and used to inform service improvements.

An annual report detailing the provider's review of the quality and safety of care and quality of life for residents in the centre was completed by an external consultant in 2017. The action plans for improvement of the service had been reviewed and discussed at governance meetings with the management team and would be fully implemented.

Audits were carried out to ensure positive outcomes for residents were being achieved, and if improvements were identified actions were agreed and reviewed. For example, an environmental audit took place monthly. Reviews and requests for feedback, including satisfaction surveys were also carried out 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 person in charge had not changed since the time of the last inspection; she is a registered nurse and works full-time within the centre, with the required skills, knowledge and experience to hold the post of person in charge. The person in charge is well known to residents.

She was found to be very knowledgeable about each resident's nursing and social care needs. Evidence of her continuous professional development was up-to-date.

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 as listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness and accuracy. Overall, a good standard of record-keeping could be

evidenced throughout the inspection, and records requested were accessible. The records of fire drills held did not include sufficient detail and not consistently maintained to establish the effectiveness of the training.

A sample of staff files were reviewed and found to contain all the requirements of schedule 2 of the regulations, inclusive of Garda Síochána vetting disclosures were in place.

The centre was adequately insured against accidents or injury to residents', staff and visitors, as well as loss or damage to a resident's property.

A directory of residents was maintained which contained all of the matters as set out under regulation 19.

The designated centre had all of the written operational policies which had been kept under review as required by schedule 5 of the regulations. Policies were evidence-based and guided staff practices.

Judgment:

Substantially Compliant

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The assistant director of nursing who deputised in the absence of the person in charge had changed since the last inspection. The provider had recruited a new member of staff to undertake this role.

She was found to be clinically up-to-date and has completed a management course, and was involved in audit and review of services. She was in this role since March 2017 and directly involved in supervision and managing the centre. She demonstrated a person-centred approach and nursing and care staff reported to her.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that safe systems were in place to protect residents from being harmed or suffering abuse.

There was a detailed safeguarding policy to guide staff and they had all received appropriate training in this area. Care and communication was observed to be person-centred and in an environment which promoted residents' rights. The person in charge was aware of the requirement to notify any allegation of abuse to the Authority. There had been two reports made to HIQA since the time of the last inspection. Both reports had been fully investigated in line with the policy and actioned in a timely way to safeguard all residents. The provider was not involved with supporting any residents with their finances at the centre, and did not act as a pension agent.

Staff spoken to were knowledgeable of the different types of abuse and the reporting arrangements in place. The inspectors spoke to a number of residents who said that they felt safe and secure in the centre. Staff were guided by a written detailed policy on the protection of vulnerable adults in place. Staff had received safeguarding training on commencement of employment, and refresher training was in place for all staff. Evidence that all staff had received training was given to inspectors. The findings of this inspection were that the policy had been fully implemented and updated to reflect best practice.

A policy on the management of any responsive behaviors was in place that guided practice was in place. Detailed supportive behavioural care plans were developed and in place to inform staff and guide practice where required. The findings were that evidenced-based tools were utilised to monitor behaviours. Staff were familiar with the residents and understood their behaviours, what triggered them and implemented measures including the least restrictive interventions as outlined in the written care plan. Improvements had taken place since the last inspection and staff carefully considered and documented the rationale for use of any psychotropic medication. This was used as a second-line option and a detailed care plan was in place for any residents with prn (as required) medicines. This area was subject to review and evaluated carefully on an individual basis. The use of bedrails and any restraint was in line with National policy and evidence-based practice. Staff training in the assessment and use of restraint and alternatives had been completed for direct-care staff. The ongoing audit completed by the person in charge clearly demonstrated a reduction in the use of bedrails,

improvements in the record-keeping of risk assessments associated with any decision to implement the use of bedrails or lapbelts.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

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

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

Findings:

The health and safety of residents, visitors and staff was seen to be promoted in the centre. Improvements had taken place since the last inspection in relation to fire safety. Arrangements for residents who wished to keep their bedroom doors open, and maintain fire safety were found to have been actioned satisfactorily since the last inspection.

There were up-to-date risk management policies and procedures in place. The policy contained the procedures required by the regulations to guide staff. Staff were familiar with the contents of the emergency plan. The risk register in place was well maintained and updated on a monthly basis, this was overseen by the person in charge. Each risk assessment set out the identified risk, the level of risk identified, the steps taken to mitigate the risk and the person responsible for taking the action. The documents were thorough and covered a wide range of areas. Incident and accident reporting provided information to support the reduction of identified risks. There was also an up-to-date health and safety statement available signed and dated.

The fire safety policy provided guidance to reflect the size and layout of the building and the evacuation procedures. Records showed that there were routine checks to ensure fire exits were unobstructed, automatic doors closer were operational and fire fighting equipment was in place. Annual checks were carried out on the fire safety equipment, and the fire alarm was serviced on a quarterly basis. Clear signage was in place throughout the centre guiding residents, visitors and staff to the nearest exit.

The procedure to follow in the event of a fire was posted in different parts of the centre, and staff were able to clearly describe their roles in evacuation when the inspector spoke with them. Evidence was reviewed that all staff had completed annual refresher training in fire safety procedures. A record of fire drills showed they were carried out monthly, and the maintenance department were responsible to ensure all staff, including night staff, had been involved in a drill. The records as outlined in Outcome 5 required some improvement.

The clinical governance committee met regularly and any issues raised were minuted. All meetings were minuted with an associated action plan in place to address matters raised. Any identified clinical risks were well documented and addressed in a timely manner, with the involvement of the person in charge and senior staff.

Moving and handling assessments were up-to-date and the use of any assistive equipment monitored closely to ensure adherence to best practice including equipment servicing and staff training.

There were safe procedures in place for the prevention and control of infection and the centre clean, hygienic and well presented. Personal protective equipment was available in each unit of the centre, and there were hand gel sanitizers available throughout the centre. Staff were observed practicing hand hygiene and had easy access to hand washing facilities to meet their needs. Arrangements were in place to safely manage infection control in the laundry.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

The inspector was satisfied that residents were protected by the designated centres' policies and procedures for medicines management. Improvements were found to be fully implemented with the recording of the administration of variable dose medicines.

The inspector reviewed a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Medicines that required crushing were prescribed as requiring same. Residents medication records also contained records of any communication with the pharmacist. For example, staff requesting specific guidelines and information on the preparation of medication had been provided with clear directions on how to prepare, dissolve and administer the medication.

Medications used in the management of diabetes had clear guidelines to support staff in the safe administration of the medicines. The inspector reviewed practices around PRN (as required) psychotropic drugs and found that residents requiring these drugs had a care plan to support an evidence-based and individual approach to administration. The

frequency and use of these drugs in line with medication management policy, and sufficiently monitored and evaluated at a multidisciplinary level.

The inspector reviewed practices around medications that required strict control measures (MDAs). These medications were kept in a secure cabinet in keeping with professional guidelines and nurses maintained a register of these medications. Inspectors reviewed records which demonstrated that the stock balance was checked and signed by two nurses at the change of each shift. The inspector observed nurses administering medication to residents. Medications were kept in a locked treatment room, and only nurses can administer medication to residents. Inspectors found that staff adhered to appropriate medicines management practices. Processes in place for handling medication were safe and in accordance with current guidelines and legislation.

At the time of this inspection, no resident was self-administering medication, However, systems were in place to support residents that may choose to self-administer and assessments were in place to enable staff to support residents who wished to self-administer.

Systems were in place for reviewing and monitoring safe medication management practices. Medication audit was completed each month by the assistant director of nursing, and any actions generated from audit finding were communicated to staff to improve practice. Nursing staff were up-to-date with medicines management and all nurses had evidence of attending refresher training.

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 occurring in the centre is maintained. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. Systems were in place in the absence of the person in charge to notify three day notifications.

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:

Resident's were supported to maintain their health and social care needs by a staff team with the relevant skills and experience. Feedback from residents and relatives was very positive. Some improvements were required with regard to staff fully implementing the new care planning record-keeping system.

The inspector reviewed a sample of resident's records. Evidence was seen that a pre-admission assessment was carried out prior to any admission. On admission to the centre a comprehensive assessment was also carried out, and where residents had health or social care needs identified, and care plans were developed. The care plans reviewed were found to be person-centred in their approach, focusing on the impact of the resident's needs. Each plan detailed the resident's preferred approach to care and support, and clear instructions to guide staff in their practice. The plans were seen to be implemented effectively in practice by staff who knew the residents well. The documentation system had recently been transferred to an electronic record-keeping system and staff were getting used to this new system. Staff supports were in place and training had been provided.

Care plans were reviewed at least four monthly by the resident's key nurse. Records and care plans for residents with identified nutritional needs had been maintained since the last inspection had been maintained to a good standard. Evidence of the involvement of residents and families in completing any reviews was recorded. Records were signed by the residents and relatives which detailed the discussion during the review meetings. However, some records reviewed were not consistently documenting this approach and required improvement.

Where resident's had identified healthcare needs, records showed there were links with relevant medical professionals, or the wider multi-disciplinary team. Where resident's needs had changed records showed contact was made in a timely manner for medical review with a general practitioner (GP). Where recommendations were made for treatment records showed it was provided, for example in relation to physiotherapy, or nutrition. The correspondence stored in residents files showed that residents were in contact with hospitals and consultants for specific healthcare needs.

A range of evidence-based nursing tools were being used to assess residents' needs. This supported the nursing staff to monitor healthcare conditions, and identify any risk of others developing. Where residents were identified as being at risk in relation to a particular healthcare need records showed action was taken to reduce that risk. For example where residents were identified as being at risk of falls, a holistic approach was taken to reviewing the resident's needs considering their medication, nutrition, physical ability, cognitive awareness and any aids or adaptations that may reduce the risk. The inspector reviewed records of interventions following any slips, falls or near-misses and this included a medicines review, and a staff meeting took place called a 'huddle' which recorded any revised inputs. The physiotherapist working at the centre was closely involved with mobility assessments and treatments, but not directly involved with any post-falls meetings held. This was discussed with the provider who confirmed she would review this in terms of risk management.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also when resident's returned to the centre, for example from hospital, there was a clear summary of their needs and guidance on any interventions needed.

Residents confirmed to the inspector they enjoyed a range of activities in the centre, a programme of activities operated. Daily morning Mass took place, music, games, quizzes, arts and crafts and bingo were organized by staff. Outings for residents were facilitated and residents also went shopping and out with their friends and relatives. Residents with cognitive difficulties could also access sensory therapy and one-to-one sessions and were individually assessed to ensure that suitable pastimes and hobbies could be maintained.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre was purpose built in the 1980s and is owned by the provider. The centre's design and layout met the needs of the current residents. It was spacious, clean, well

maintained and substantially met all the requirements of Schedule 6 of the regulations.

The centre consisted of five floors, laid out over four stories, and one underground level. There were four residential units in total located on the first, second, third and fourth stories. In general the centre was spacious, visibly clean and well maintained. There were hand rails installed in all corridors and on both sides of all staircases in the centre. There were two lifts available between the floors. The flooring throughout the centre was safe and free from trip hazards.

The centre had 60 single rooms, and all bed rooms were spacious and many residents had decorated them with their own personal belongings and furniture. All bedrooms had call bells installed and had sufficient storage for personal belongings. All bedrooms were en-suite, or had a shower room proximal to bedrooms. The fourth floor had been refurbished during 2015 and was completed to a high standard. Two large passenger lifts were in place and three wide stairwells for access to all floors.

The premises was well laid out and had plenty of communal space, each unit had a day room and dining area. A large dining area overlooking gardens was located on the ground floor. All communal rooms were decorated to a high standard, had a homely atmosphere. A door bell was observed placed on the door frame of some of the sitting rooms, and a small hand bell in a dining space for use by residents. Residents and staff could use to summon help and assistance when required. However, this was not fully connected to the main call bell system.

The centre also had a shop, a large tea room and visitors space, a chapel, hairdressing salon, events hall and various other private and communal areas. Residents could also access a large garden area and the gardens were accessible, landscaped and well maintained with appropriate level walks and seating.

The centre had access to assistive equipment such as hoists, which records confirmed had been serviced within the last year. There was suitable storage for the assistive equipment, and corridors were kept clear.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents were consulted with and participated in the running of the centre. Residents' rights were respected and their independence promoted in line with the statement of purpose and ethos of the centre.

There were residents' meetings held on a monthly basis in the centre. The meetings acted as a forum for the management to communicate any changes in the centre to the residents, and to facilitate residents to raise any issues or suggestions they had to the management. Issues discussed included suggestions about food choices and catering and activities.

Residents informed the inspector that they could choose to do what they wanted during the day. Residents stated that at meals they could order whatever they wanted if the the daily menu options were not to their liking, an alternative was always facilitated. The inspectors observed that residents' independence was promoted as part of the ethos of the centre. Residents were observed to leave the centre independently throughout the day. Residents could go to any area of the centre as there were no restrictions in place.

The inspector reviewed a number of communication care plans for residents with communication difficulties. The care plans reviewed provided clear instruction on how to attend to the resident's communication needs. There were systems in place to assist residents to communicate.

There was an activities plan in place for the centre. The inspector reviewed the activities plan and also reviewed the records kept of resident participation in activities. The records accurately reflected the residents' participation in activities, it was also recorded if the resident did not wish to attend any activity. Residents and relatives confirmed to the inspector a variety of pastimes, individual and group activity was available. Some planned sessions of SONAS (a communication sensory therapy) took place. The activities person outlined to the inspector how the each residents' preferences for pastimes and activity was assessed, and all suggestions were acted upon. Family celebrations, birthdays and other occasions were planned for and residents told the inspector they enjoyed having meaningful things to do.

Residents' religious needs were well met in the centre. The majority of residents in the centre were Roman Catholic. Daily Mass was held in the chapel in the centre. Residents of other faiths were facilitated to attend services.

Voting in elections or referendums was facilitated in the centre. Residents could be registered to vote in the centre and a polling station would be set up there.

Visiting was encouraged, all visitors signed in at reception, and could access refreshments in the tea room. There was access to an independent advocacy service in the centre, contact details were displayed in the front reception of the centre.

All residents had access to a telephone. There was also access to television, Skype,

radio and 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):

No actions were required from the previous inspection.

Findings:

The staffing levels and skill-mix in the centre met the assessed needs of the residents. There were suitable staff numbers and staff skill-mix to meet the assessed needs of the residents. Staff were suitably supervised and recruitment procedures met the requirements of Schedule 2.

There was an actual and planned roster in the centre. During the day of the inspection there were four staff nurses rostered to work 07:30 to 20:00. The assistant director of nursing and person in charge were also on duty. There was a total of 13 healthcare assistants also working every day allocated to individual areas of the centre. Staffing levels at night were two staff nurses and four healthcare assistants from 23.00hrs. Staffing was kept under review by the person in charge.

Staff working on each of the four units were supported by unit sisters, who worked as homemakers and assisted residents on a daily basis. Nursing staff provided adequate supervision for healthcare assistants. Staff appraisals had commenced and senior managers completed the records of each appraisal completed.

The person in charge worked full-time in the centre. She was supported by the assistant director of nursing, a senior staff nurse and the provider. Staff said they felt supported by the management in the centre and each one held a radio-pager whilst in the building to be contactable due to size and layout.

The inspector reviewed a sample of four staff recruitment files. All files contained the requirements as per Schedule 2 of the regulations. The inspectors also reviewed the files of volunteers in the centre. Each volunteer had their role in the centre outlined. All

volunteers and staff files reviewed in the centre had a copy of their Garda Síochána (police) vetting. The person in charge confirmed that all staff and volunteers in the centre had Garda vetting in place. All nurses had a copy of their registration pins with the Nursing and Midwifery Board of Ireland.

Staff spoken to were knowledgeable around their training and the policies and procedures in the centre. The inspector reviewed the matrix for mandatory training. All staff were up-to-date with manual handling, fire safety and safeguarding training. However, although staff training had been put in place for the new electronic record-keeping system further training was identified as a need by the inspector for some staff in terms of recording nursing narrative, care planning and records required by the regulations. The provider confirmed that following the introduction of this system training and staff support was on-going.

Judgment:

Substantially 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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Action Plan



Provider's response to inspection report¹

Centre name:	Holy Family Residence
Centre ID:	OSV-0000050
Date of inspection:	05/10/2017 and 06/10/2017
Date of response:	08/11/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The records of fire drills held did not include sufficient detail and not consistently maintained to establish the effectiveness of the training, and did not contain detail of times and outcome of the drill, for learning purposes.

1. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in

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

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:

In future, a standard form will be used to ensure that records of fire drills will provide details of the evacuation times, compliance with the evacuation procedure, any deficiencies in the procedure and / or adherence to the procedure, outcomes, learning points and any actions required based on deficiencies or learning points identified.

Proposed Timescale: Immediate.

Proposed Timescale: 08/11/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Post-fall review process including 'huddle' require additional multi-disciplinary inputs in terms of mobility assessments.

2. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

In future, When a resident falls, nurses will liaise with the resident's general practitioner regarding the need for a physiotherapy referral and mobility assessment.

Proposed Timescale: Immediate and on-going.

Proposed Timescale:

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:

Call bells in place in communal day and dining areas were not connected to the main call bell system.

3. Action Required:

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

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

Since the inspection we have contacted our current call bell provider to address the need for additional call bells. 6 new mobile and wireless call bells will be installed in the home. On the first and second floors, call bells will be installed in the dining and sitting room. Additionally, call bells will be installed in the dining areas on both the third and fourth floors.

These call bells will be connected to the fire alarm system and Pager system

Proposed Timescale: 30/11/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Record-keeping training on new electronic system was identified as a need by the inspector for some staff in terms of recording nursing narrative, care planning and records.

4. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Additional training for care planning, nursing narrative and recording has been scheduled for the 28th November 2017 for those staff nurses identified.

Proposed Timescale: 28/11/2017