

**Health Information and Quality Authority
Regulation Directorate**

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



| | |
|---|--|
| Centre name: | St Mary's Residential Care Centre |
| Centre ID: | OSV-0000726 |
| Centre address: | Shantalla Road, Galway. |
| Telephone number: | 091 540 500 |
| Email address: | stmaryscarecentre@gmail.com |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | St Mary's Nursing Home Limited |
| Provider Nominee: | Martin Breen |
| Lead inspector: | Mary McCann |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 62 |
| Number of vacancies on the date of inspection: | 0 |

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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 April 2017 10:00 | 10 April 2017 18:30 |
| 11 April 2017 10:00 | 11 April 2017 13:30 |

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 03: Information for residents | 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 | Compliant |
| Outcome 08: Health and Safety and Risk Management | Substantially Compliant |
| Outcome 09: Medication Management | Compliant |
| Outcome 10: Notification of Incidents | Compliant |
| Outcome 11: Health and Social Care Needs | Compliant |
| Outcome 12: Safe and Suitable Premises | Compliant |
| Outcome 13: Complaints procedures | Compliant |
| Outcome 14: End of Life Care | Compliant |
| Outcome 15: Food and Nutrition | Compliant |
| Outcome 16: Residents' Rights, Dignity and Consultation | Compliant |
| Outcome 17: Residents' clothing and personal property and possessions | Compliant |
| Outcome 18: Suitable Staffing | Compliant |

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for renewal of registration by the provider. The provider has applied to register 67 beds which is an increase from the current registration of 62 beds.

This inspection was carried out on the 10/11 April 2017 and actions identified in the action plan which was issued to the provider following a dementia thematic

inspection in September 2016 were reviewed. All actions were found to have been completed.

As part of the inspection the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, medical documentation, complaints log, audits, accident and incident records and key policies and procedures. There were 61 residents in the centre at the time of inspection, one resident was in the local acute general hospital.

Notifications of incidents received since the last inspection were reviewed pre this inspection and reviewed and discussed with the person in charge during this inspection. Eleven resident and six relative questionnaires were received by the inspector. On review all were positive in their feedback and expressed satisfaction about the facilities, services and care provided. They were particularly complimentary of the staff. Adequate staff were on duty to meet the needs of residents on the days of inspection. The centre was homely with a pleasant quiet atmosphere. When calls bells were activated, staff responded swiftly. There was a meaningful activity programme in place.

Residents' health care needs were well supported with good access to a general practitioner (GP). Most residents were from the locality many retaining their GP from when they resided at home. There was evidence of access to a range of allied health professionals. A hair dresser attended the centre 4 days per week.

The person authorized on behalf of the provider and the person in charge were available in the centre to facilitate the inspection. Residents spoken with by the inspector were complimentary of the service provided and stated "I love living here, the staff are great, the food is lovely". Many residents spoke of how happy they were as Mass was celebrated daily.

Actions required post this inspection include a more comprehensive recording of fire drills and ensuring the risk management policy is in compliance with Regulation 26, Care and Welfare of Residents in Designated Centres for Older People 2013. These actions are detailed in the action plan at the end of this report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A statement of purpose, dated February 2017 was submitted as part of the renewal of registration application. It contained 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):

No actions were required from the previous inspection.

Findings:

The inspector found that adequate governance and management systems were in place to ensure the quality and safety of care and support to residents. The person in charge was appropriately qualified, experienced and skilled, and there were structures and processes in place to support her in this role. The provider nominee attended the centre daily. Regular meetings, both formal and informal were held with the provider, and

there were clear systems of communication between the provider and person in charge. An operational manager was in place who took a lead in the health and safety and risk management procedures in the centre.

Regular staff meetings were held and minutes were maintained of these meetings. A system of audits was in place, and there was evidence of audits having led to improvements, for example post a falls audit, a falls prevention and review committee was established as it was noted that the incidence of falls had increased. The falls committee meets monthly and review all falls in detail and ensures that person centred risk minimisation strategies are put in place o reduce the likelihood or a further fall.

The provider and person in charge had arrangements in place to support, develop and manage staff. This included staff appraisals and a staff training plan. The registered provider had ensured that the designated centre was sufficiently resourced to ensure a safe quality service was in place for residents. An annual review of the quality and safety of care delivered to residents had been completed. This was available in the centre and had been discussed at the residents meetings.

Judgment:

Compliant

Outcome 03: Information for residents

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A residents' guide which included a summary of the centre's services and facilities, the terms and conditions of residence, the complaints procedure and visiting arrangements for residents was in place.

On review of a sample of residents' contracts these contained details of the services provided and the agreed fees to be charged.

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 worked full-time and generally worked from 08:00 hrs to 18:00 hrs Monday to Friday. She was also on call at weekends and out of hours on a rotational basis. Staff spoken with confirmed that she was available daily in the centre and when on-call was immediately available. She qualified as a nurse in 2000 and had completed a post graduate diploma in gerontology, a diploma employment law and is a nurse prescriber.

Since the last inspection she had completed a course on ' A practical approach to caring for older people with cognitive impairment , with special focus on dementia, Pressure ulcer risk assessment, nutrition and hydration in the care home setting, management of seizures and safeguarding vulnerable adults at risk of abuse.

The person in charge informed the inspector that she had adequate time for governance supervision and management duties. There were two nurses on duty at all times in addition to the clinical nurse manager who worked 4 days per week. During the inspection she demonstrated that she had knowledge of the Regulations and Standards pertaining to designated centres. She confirmed that the provider was supportive and was freely available to her and regular meetings were held between her and the provider nominee. Her registration with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland), 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:

Records were stored securely and well maintained. The directory of residents was found to be complete and up to date. A record of all admissions, discharges and transfers was maintained.

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 (as amended) were available and a sample of records was reviewed by the inspector. These included records related to fire safety, staff recruitment and residents' care.

Improvement was required with regard to the maintenance of records associated with fire safety drills and the risk management policy requires review to ensure it is compliance with the regulations. These areas are discussed further under Outcome 8.

In the sample of staff files reviewed all schedule 2 documents were in place. The files were well organised and it was easy to retrieve the required information.

A record of visitors was maintained ensuring that staff were aware who was in the building at any given time. The centre's insurance cover was in date.

Policies and procedures as required by Schedule 5 of the Regulations were available.

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:

The person in charge was aware of the requirement to notify the Chief Inspector of any proposed absence for a period of more than 28 days. There were appropriate arrangements in place for the management of the centre during any absence of the person in charge. The director of operations was the primary person identified to manage the centre in her absence. A clinical nurse manager was also available to deputise.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

Measures were in place to protect residents and to respond to actual, allegations or suspicions of abuse. Staff members spoken with by the inspector were knowledgeable in relation to the types, signs and management of any allegations of abuse. There was a policy in place to guide staff and staff had received training on the protection of vulnerable adults. Annual refresher training was provided for all staff.

There was evidence of good practice in relation to the management of responsive behaviour. Person centred behaviour support plans were in place for any residents who required them, based on assessments of the responsive behaviour incidents. This was an action from the previous inspection. Implementation of the support plans was recorded, and regular reviews of the plans took place. In addition staff were knowledgeable regarding the management of individuals, and could describe the strategies utilised to prevent and manage incidents of responsive behaviour. Most staff had received training in the management of responsive behaviour. There was good evidence of review and support from psychiatry of later life with the community mental health nurse and medical staff from the community mental health team attending the centre as required.

Bedrails were in place for some residents. Risk assessments had been conducted, and a record of consultation with the resident and their families was maintained. Assessments gave consideration of the risks associated with the use of the bedrails. Regular checks were recorded with a weekly review by the person in charge place.

The management of finances was reviewed by the inspector who found that this was well managed and residents' finances were protected. The centre did not act as an agent for any resident. Petty cash was kept in safe keeping for residents who requested this. A transparent robust system of management was in place with records available and two staff signatures or a staff signature and the residents' signature for all transactions.

There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. The inspector saw that this was signed by visitors entering and leaving the building. Residents confirmed that they felt safe in the centre and contributed this to the continuous presence of staff, other residents the doors being secure and living in a communal setting.

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):
No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was promoted. There was a centre-specific emergency plan that took into account a variety of emergency situations. The operations manager was in the process of updating the risk assessment policy at the time of inspection. Clinical risk assessments were undertaken, nutritional care, safe moving and handling, falls risk assessments and neurological observations were completed post falls to monitor any change in neurological function.

The inspector viewed the fire training records and found that all staff had received fire safety training, this was completed annually. Staff spoken with knew what to do in the event of a fire and described how they would evacuate from the zone where the fire was occurring. Fire records showed that fire equipment had been regularly serviced. The fire alarm is serviced quarterly and was last serviced on the 3 April 2017.

Fire exits were noted to be clear and unobstructed during the inspection. Fire evacuation notices were displayed in key locations and the instructions were clear and easy to understand. Fire drill records were viewed by the inspector. Fire drills were taking place on a regular basis at various times including night time, however records did not provide a comprehensive record as to whether a full or partial evacuation had been completed, what time it took to evacuate and whether there were any impediments to safe evacuation identified.

There was evidence that infection control measures had been implemented including the provision and use of hand sanitising agents by staff. The centre was clean and well maintained. A folder with guidance with regard to infection control was available to staff. Cleaning and sluice rooms were available to enhance best practice in infection

control. Equipment was appropriately stored.

There were arrangements in place for recording and investigating of untoward incidents and accidents. Information recorded included factual details of the accident/incident, date event occurred, name and details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted.

All incidents were reported to the provider representative. The operations manager took a lead on health and safety. A falls committee had recently been enacted as the person in charge and operations manager noted that the incidence of falls had increased. These meetings were being held six weekly and any resident who had a fall was discussed in detail. Falls prevention measures in place included the use of lo-lo beds, hip protectors, falls mats, review by GP with regard to prescribing calcium and review by physiotherapist.

The provider had contracts in place for the regular servicing of all equipment and the inspector viewed records of equipment serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs. There were moving and handling assessments available for all residents. All staff had up to date training in safe moving and handling.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

All Nursing staff had completed medication management training. Medication administration was observed at the time of the last inspection and was found to be administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. Policies relating to the ordering, prescribing, storing and administration of medicines to residents were made available to the inspector. The person in charge is a nurse prescriber.

The prescription sheet included the appropriate information such as the resident's name and address, date of birth, general practitioner and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum does of PRN (as required medication) was recorded.

Medications requiring strict controls were appropriately stored. Records indicated that they were counted and signed by two nurses at the change of each shift. Secure refrigerated storage was provided for medication that required specific temperature control and the temperature of the fridge was monitored daily.

Medication audits were being completed. A pharmacist attends the centre daily and is available to the residents and relatives.

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:
The inspector reviewed records of accidents and incidents that had occurred since the last inspection in the designated centre. On review of these incidents and cross referencing with notifications submitted the inspector found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

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:

Pre admission assessments were completed. These detailed a brief social history, physical health status with a dependency, falls and skin integrity assessment.

On admission, a comprehensive nursing assessment and additional risk assessments were carried out for all residents. For example, a nutritional assessment tool was used to identify risk of nutritional deficit, a falls risk assessment to risk rate propensity to falling. Assessments were linked to the care plans.

Where an event occurred for example a fall a reassessment was completed, and the care plan was updated to ensure that any additional control measures that may be required to mitigate the risk were documented. Where a resident was seen by a specialist service the advice of the specialist was incorporated into the care plan. There was evidence available of consultation with the resident and their significant other. A narrative record was recorded for residents each day. These records described the range of care provided on a daily basis to ensure residents well-being.

The inspector found that wound care was appropriately managed. Where residents were deemed to be at risk of developing wounds preventative measures were identified including skin care regimes. Supportive equipment such as specialist cushions, mattresses and dietary supplements also formed part of the care package. Residents had good access to general practitioner (GP) services and out-of-hours cover was also readily available. A review of residents' medical notes showed that GP's visited the centre regularly. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services. The centre had developed a hospital passport since the last inspection. This was a comprehensive informative document which provided a good overview of the physical, psychological social assessment and needs of the resident. It was person centred and easy to swiftly see relevant information.

Access to allied health professionals to include speech and language therapist, dietetic service, physiotherapy and occupational therapy services were available.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The building is a purpose built nursing home. It was well maintained, warm, comfortably decorated and clean. Residents are accommodated on two floors, with a sitting room and dining facilities on both floors. Other facilities include a visitors' room, an activities room, an oratory and a hairdressing room. There was evidence that infection control measures had been implemented including the provision and use of hand sanitising agents by staff. Staff facilities were provided. Separate toilets facilities were provided for care and kitchen staff to comply with best practices in infection control.

A well maintained pleasant garden was available. Residents and relatives were complimentary of the garden and the bedrooms. The inspector visited the kitchen which was visibly clean and inspection reports issued by the relevant Environmental Health Officer (EHO) were made available to the inspector. The last inspection was completed on the 29 February 2016. The inspector reviewed this report and found that minor breaches were identified with regard to maintenance issues and probe calibration. The person in charge confirmed that these areas had been rectified.

Bedrooms accommodation comprises of 60 single and one twin, all en-suite. Bedrooms were personalised and privacy curtains were provided in the twin bedroom. A functioning call-bell system was in place in each bedroom which was accessible to residents if they were in bed or sitting by their bed in a chair. In addition to the en-suite facilities there were accessible communal toilets in close proximity to the sitting rooms.

The provider has applied to register a further five beds and increased the footfall of the centre from 62 to 67. The five rooms that are the subject of the increase in numbers application are a terrace of one bedroom self contained bungalows. They contain a wet room style shower/toilet, a double bedroom with access to a patio garden and a sitting room cum kitchen/dining room which also has an exit door to the patio garden. A fire alarm system and an emergency call bell system are installed in the bungalows which can be connected to the centre system. A communal area is available but this is not accessible internally to the bungalows. The bungalows are adjacent to the centre but are not attached to the centre. The provider representative and the person in charge were clear that residents would require to be assessed to see if they are suitable to be accommodated in the bungalows prior to admission and that additional staff will be available once the beds are registered.

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.

| |
|---|
| <p>Theme: Person-centred care and support</p> |
| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge explained any concern was recorded and addressed. The inspector reviewed the complaints procedure and noted this was displayed. The policy detailed timelines to be adhered to, the requirement to carry out a thorough investigation and to inform the complainant of the outcome of the investigation. An independent appeals process was also detailed so that if the complainant was not satisfied with the outcome of their complaint they could utilise this procedure.</p> <p>No complaints were being investigated at the time of inspection. A complaints log was in place which contained a record all relevant information about complaints. There was evidence that where complaints were made, the policy was enacted and complaints reviewed were resolved.</p> |
| <p>Judgment: Compliant</p> |

| |
|--|
| <p><i>Outcome 14: End of Life Care</i> <i>Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.</i></p> |
| <p>Theme: Person-centred care and support</p> |
| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Practices were in place to ensure that residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy. A comprehensive end of life policy that provided sufficient guidance to staff was in place. Many staff had attended training on end of life care. The person in charge was aware of the current regulatory requirement regarding the notification of the unexpected death of any resident.</p> <p>The inspector reviewed a sample of residents' records and noted that residents' end-of-life care wishes were assessed. An 'Ask me what I want' form is completed. The centre has access to a consultant-led palliative care service and will often manage end of life care in conjunction with the GP. A reflective practice session is completed post each death. Facilities and refreshments were available to residents' family members and</p> |

significant others.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Fluid balance charts were in place for all residents assessed as requiring same and were appropriately completed and reviewed. A nutritious and varied diet was offered to residents that incorporated choice at mealtimes and staff offered assistance to residents in a dignified engaging way. Residents were offered snacks and refreshments at various times throughout the day. A snack table was available on both floors for residents to help themselves to sweet or savoury snacks as they wished.

Residents spoken with praised the food and the choices available to them. Residents' food likes and dislikes were recorded and meals served in accordance with their preferences and dietary restrictions.

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:

This outcome was reviewed in detail at the time of the last inspection which was a Dementia thematic inspection carried out in September 2016 and found to be substantially compliant. The action from the last inspection with regard to completion of personal calendars was addressed. The inspector met with one of the activity co-ordinators who described a comprehensive activity programme. Residents spoken with by the inspector confirmed that there was a wide arrange of activities available. This was also confirmed in questionnaires received from residents and relatives. Residents' meetings were occurring every six weeks, minutes of these supported that there was a good attendance, for example 37 residents attended the last meeting. A plan of action was developed so when any issues were raised by residents for example menu for Easter, availability of audio books. All residents have a telephone in their bedroom and local and national newspapers were available. Wi-fi is freely available in the centre.

Judgment:

Compliant

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy in place with regard to resident's possessions which set out a process for recording resident's belongings, and also the arrangements for storing of valuables. There was sufficient storage space in the bedrooms for residents which included a wardrobe and a bedside locker, and a set of drawers with a lockable drawer. Some residents had personalised their rooms with personal items. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents. In the relatives and residents questionnaires received there was no concerns detailed with regard to the laundry service.

Judgment:

Compliant

***Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have***

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

Theme:
Workforce

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

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

Findings:

At the time of inspection there were 61 residents residing in the centre, 31 of which were over 80 years, 13 of these were over 90 years. Some residents had general medical related aging problems while a high percentage had a cognitive impairment. 18 residents were maximum dependency, 12 were highly dependent, 7 as medium and 8 as low dependency. One resident was in the acute general hospital for treatment and observation

The inspector found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. An actual and planned staff roster and the staff numbers on the day correlated with the roster. Residents and staff spoken with expressed no concerns with regard to staffing levels.

A staff training programme was on-going. All staff had up to date mandatory training in safeguarding vulnerable adults and manual handling. Additional training and education relevant to the needs of the residents profile had been provided for example hand hygiene, care planning, basic life support and dementia care. An Bord Altranais professional identification numbers (PIN) were available for all registered nurses. The provider and person in charge confirmed that staffing would be increased if an increase in residents was registered.

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:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|-----------------------------------|
| Centre name: | St Mary's Residential Care Centre |
| Centre ID: | OSV-0000726 |
| Date of inspection: | 10/04/2017 |
| Date of response: | 06/05/2017 |

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 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Fire drill records did not provide a comprehensive record as to whether a full or partial evacuation had been completed, what time it took to evacuate and whether there were any impediments to safe evacuation identified.

1. 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

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

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:

Our fire drill records going forward will comprehensively record all aspects of the fire drill including full or partial evacuation.

Proposed Timescale: 05/05/2017