Health Information and Quality Authority
Regulation Directorate

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

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

Centre name:	Portiuncula Nursing Home
Centre ID:	OSV-0000084
Centre address:	Multyfarnham, Westmeath.
Telephone number:	044 937 1911
Email address:	ann.bloomer@newbrooknursing.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Newbrook Nursing Home Unlimited Company
Provider Nominee:	Philip Darcy
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Leanne Crowe
Type of inspection	Announced
Number of residents on the date of inspection:	47
Number of vacancies on the date of inspection:	13

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
13 July 2017 08:00	13 July 2017 19:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This monitoring inspection was announced and took place to monitor ongoing compliance with the regulations. Inspectors followed up on statutory notifications and other relevant information submitted since the last inspection in June 2016. They also monitored progress with completion of five action plans from that inspection. Inspectors found that all actions were completed with the exception of documentation of consultations with residents and their families, regarding their care plans reviews. This action is restated in the action plan from this inspection.

Inspectors followed up on unsolicited information received by the Health Information and Quality Authority (HIQA) in March/April and in July 2017 referencing concerns relating to timeliness of residents' access to specialist medical services, consultation with relatives, safeguarding and standards of nursing care were reviewed on this inspection. An investigation requested by the provider and inspectors' findings on this inspection indicated that the concerns were not substantiated other than

improvement required in documentation of consultations with residents and their relatives as appropriate regarding care plan reviews.

Inspectors met with residents, the provider, person in charge and members of the staff team during the course of the inspection. Documentation including the centre's policies, risk management (including fire safety) procedures and records, audits, staff training records and residents' records were reviewed.

Residents and relatives spoken with during this inspection and feedback from pre-inspection questionnaires completed by 10 residents and three relatives referenced a good level of satisfaction with the service provided, and the standard of care given the staff team in the centre. Residents confirmed that they felt safe, their care needs were met, they had choice in their daily routine and had opportunity to participate in meaningful activities that interested them.

The centre is a purpose-built two storey premises and residents' accommodation was arranged over both floors in single, twin rooms and one bedroom which accommodated three residents. The centre was visibly clean and was maintained to a good standard. Layout and space provided in residents' accommodation met their individual needs. The inspector found that residents had sufficient space for their personal belongings in their bedrooms and there was also sufficient storage space for their assistive equipment.

There were appropriate systems in place to manage and govern the service. The provider and person in charge held responsibility for the governance, operational management, administration of services and provision of sufficient resources to meet residents' needs. The management team demonstrated their knowledge and ability to meet regulatory requirements and ensuring a good service was provided for residents.

All interactions by staff with residents were observed to be courteous, respectful and kind. There were arrangements in place to ensure residents were appropriately safeguarded.

Residents' healthcare needs were met to a good standard and they had timely access to medical, allied health professional and specialist medical services as necessary. However, documentation regarding residents' care required improvement to ensure the interventions necessary to meet their needs were consistently recorded. Staff were knowledgeable regarding residents and their needs. Recreational activities provided for residents were interesting, varied and meaningful.

All staff were facilitated to attend mandatory safeguarding training. Staff were also facilitated to attend professional development training to ensure they had sufficient skills and knowledge to met the needs of residents.

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

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

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
The governance and management structure was clearly defined. Lines of authority and accountability and reporting arrangements were demonstrated. Staff were aware of their roles, responsibilities and reporting arrangements. Comprehensive monitoring systems and structures were in place to ensure the centre was effectively governed and managed.

Monthly governance meetings were convened and were attended by the person in charge, the provider representative and the group practice development coordinator. The minutes indicated that key aspects of the quality and safety of the service including risk management and complaints were reviewed by the centre's senior management team at this forum. While the person in charge had arrangements in place to ensure effective team communication with regular staff meetings, she was reviewing meeting scheduling arrangements to provide opportunity for increased staff representation. All meetings were minuted and actions identified were followed through to completion. There was evidence of ongoing improvements been implemented across the service. Inspectors observed that the needs of residents informed staffing resources provided. For example, a physiotherapist was provided as part of the service provided to residents in the centre to ensure timely access to this specialist service. Organized recreational activities were facilitated by activity coordinator staff employed up to 20:00hrs, seven days each week.

There was a comprehensive system in place to monitor the quality and safety of key service and care indicators. A schedule was in place to inform frequency of audits.

Information collated was analyzed and reviewed with effective action plans developed to address any areas identified as requiring improvement. Progress with completion of these action plans were monitored at the monthly governance and management meetings.

An annual report detailing review of the quality and safety of care and quality of life for residents in the centre was completed for 2016. This report was compiled in consultation with residents and informed the service plan for 2017. Sufficient resources were provided to ensure the service provided met residents' needs. The person in charge confirmed that an effective process was in place to ensure that she could obtain various resources as necessary and without delay.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
There were systems in place to ensure that the records listed in Schedules 2, 3 and 4 of the regulations were maintained accurately, securely and were easily retrievable within the centre. The physiotherapist had a significant input in optimizing residents' mobility and independence and completed mobility assessments and post fall incident reviews. However, improvement was necessary to ensure all consultations by the physiotherapy service were consistently documented in each residents' healthcare records.

The centre had all of the written operational policies required by Schedule 5 of the regulations, and these were reflected in practice.

A sample of staff files were examined on the day of the inspection and found to contain all of the information as required by Schedule 2 of the regulations including completed An Garda Siochana vetting procedures.

Judgment:

Substantially 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:
Procedures were in place to ensure residents were safeguarded and protected from abuse. There was a policy in place to inform prevention, detection, reporting and responding to incidents, allegations or suspicions of abuse. Training records showed that all staff attended annual training on protection of vulnerable adults. Inspectors spoke with staff, who could describe how they would recognize abuse and were aware of the reporting procedures in place. The inspectors found that all staff spoken with were clear on their responsibilities to protect residents and to report any incidents, suspicions or allegations of abuse. The provider and person in charge confirmed to inspectors that they ensured that there were no barriers to disclosing abuse. Residents spoken with on the day of the inspection and residents who completed pre-inspection questionnaires said that they felt safe in the centre and that all staff were respectful and kind towards them. All staff interactions with residents observed by inspectors on the day of inspection were respectful, supportive, patient and kind.

There was a policy and procedures in place that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was no evidence of residents experiencing responsive behaviours during this inspection and indicated that residents at risk were appropriately supported. Residents who experienced episodes of responsive behaviours had a behaviour support care plan in place. Care plans, examined by inspectors, evidenced efforts made to identify and alleviate underlying causes of responsive behaviours with person-centred intervention strategies. Most staff had attended training in responding to and managing responsive behaviours.

There was a policy and procedure in place for the use of restraint, and a restraint register was maintained in the centre. Full-length bedrails were used for nineteen residents on this inspection. Use of bedrails was being reviewed by staff and efforts to promote a restraint -free environment was evident. However, use of full-length bedrails had increased by greater than 100% since the first quarter of 2017. There was evidence that alternatives to bed rails were being tried in consultation with residents. Each

resident with full-length bedrails in use had risk assessments completed to ensure their safety. Bedrail checking and removal schedules were in place for each resident to ensure any restriction to their freedom to exit their beds if they wished was minimized. A small number of residents received psychotropic medications on a PRN (a medicine only taken as the need arises) basis for management of responsive behaviours. Inspectors observed that this medication was administered when all other interventions were tried and failed. Administration of PRN psychotropic medication was subject to review on each occasion.

There were transparent and secure systems in place to safeguard residents' money kept in safekeeping on their behalf. The centre kept small sums of money on behalf of a number of residents which they could access as they wished. A sample of balances of residents' money were checked by inspectors and were all found to be correct. All transactions were recorded and dual-signed by a staff member and the resident or their relative or two staff members. Inspectors were informed that all balances and records are audited monthly by the centre. The provider was an agent for collection of eight residents' social welfare pensions. The procedures for this process ensured that these residents' pensions were deposited directly into each resident's personal account. Residents were provided with a lockable space in their bedrooms for to facilitate them to independently store personal possessions securely if they wished.

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:
There were systems in place to ensure the health and safety of residents, staff and visitors was promoted and protected. A safety statement reviewed in December 2016 was available for the centre. The required information regarding the management of specified areas of risk as outlined by Regulation 26 were described to protect residents. Internal and external hazards were identified with controls specified to mitigate risk of adverse incidents to residents, visitors and staff. This information was risk assessed and frequently reviewed and updated as necessary. All areas in the centre that were potentially hazardous were appropriately secured with measures in place to control access by unauthorized persons.

A proactive approach to risk management in the centre was demonstrated. A record was maintained of all incidents and accidents involving residents, staff and visitors and

included detail of subsequent investigations. Learning gained as an outcome of investigations completed was documented and implemented in practice. There were a very small number of incidents where residents had falls resulting in an injury that required hospital care since the last inspection in June 2016. The person in charge and staff team promoted falls prevention whilst promoting residents' independence. Each resident has a risk of fall assessment completed on their admission that was regularly updated thereafter including after any fall or near-miss incident. Low level beds, floor mats, hand rails in corridors, toilets and showers, staff supervision, sensor equipment and education on prevention strategies were used to mitigate risk of fall or injury to vulnerable residents.

Arrangements were in place to mitigate risk of fire in the centre and to ensure residents and others were protected. All residents had evacuation risk assessments completed that indicated their day and night-time evacuation needs in terms of staffing and equipment. Fire safety management checking procedures were in place. Service records for the fire panel, firm alarm, lighting and directional signage were in place. The fire alarm was tested weekly to ensure it was functioning at all times. All designated fire exits were indicated and a checking procedure was in place to ensure they were functioning and were free of any obstruction. Equipment including fire extinguishers were available at various points throughout the centre and were serviced annually. There was evidence that emergency evacuation drills were completed to test day and night-time staffing resources and conditions. Staff training records referenced that all staff had completed fire safety training including participation in a fire evacuation drill. Staff spoken with by inspectors were aware of the emergency procedures in the event of a fire occurring in the centre.

An infection control policy was available to inform and guide staff on management of communicable infection and any infection outbreak in the centre. This was demonstrated in practice in January 2017 when a number of residents were affected with influenza-type symptoms. Environmental cleaning procedures reflected best practice in infection prevention and control standards and the centre was visibly clean. Hand hygiene facilities and personal protective equipment (PPE) was located at various points throughout the premises for use as necessary.

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):
No actions were required from the previous inspection.

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

An inspector observed a sample of medicine administration to residents on this inspection and found that the procedure reflected professional guidelines. Medicines were administered on an individual resident basis from the drug storage trolley and were appropriately recorded. Medicines prescribed for PRN (a medicine only taken as the need arises) use included the maximum amount permissible over a 24hr period. All medicines to be administered by nurses in a crushed format were individually prescribed.

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

The pharmacist dispensing residents' medications was facilitated to fulfil their obligations to residents. Residents had good access to the pharmacist. Residents were aware that they could talk to the pharmacist regarding their medicines. The pharmacist also wrote on a health topic of interest to residents' in their quarterly newsletter. The pharmacist completed comprehensive three-monthly audits of medicines in the centre.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily

implemented.

Findings:
Inspectors' found that the healthcare needs of residents were met to a good standard and that they had timely access to medical, allied health professional and specialist medical services as necessary. However, documentation regarding residents' care required improvement to ensure the interventions necessary to meet their needs were consistently recorded.

Inspectors found that residents had access to general practitioner (GP) and specialist medical services as necessary. Residents also had access to allied health professionals including occupational therapy, physiotherapy, speech and language and dietician services. The provider employed a physiotherapist as part of the service provided to residents and this arrangement ensured residents had access to a weekly physiotherapy service in the centre. The physiotherapist had a significant input in optimizing residents' mobility and independence and completed mobility assessments and post fall incident reviews. However, improvement was necessary to ensure all consultations by the physiotherapy service were consistently documented in each residents' healthcare records. This finding is actioned in outcome 5. Specialist medical services including palliative care and psychiatric services also attended residents in the centre as necessary. Arrangements were in place to ensure residents were supported to attend out-patient appointments. Residents spoken with by inspectors and residents and relatives who provided feedback in pre-inspection questionnaires expressed their satisfaction with the care they received from staff in the centre and from medical and allied health services.

Arrangements were in place to meet each resident's assessed healthcare needs. Residents' care needs were assessed on admission and regularly reviewed thereafter by use of a variety of risk assessment tools such as risk of falls, pressure ulcers malnutrition and dehydration. This information informed care plans that described the care interventions to be delivered to meet each resident’s identified needs. The sample of care plans reviewed by inspectors indicated that care provided to residents was person-centred and met their care needs identified. Inspectors also found that although residents' healthcare needs were met to a good standard, improvements were required to address the following findings;
- although treatment plans were consistently implemented for residents with chronic skin conditions, wound care plans were not consistently documented to inform the treatment plan and to monitor progress with healing.
- care plans were not consistently updated to reflect changes in recommendations made by the speech and language therapy service.
- while blood glucose levels for residents with a diagnosis of diabetes were consistently monitored, parameters for each resident's blood glucose maintenance were not stated in their care plans.
The person in charge confirmed that residents or their relatives as appropriate, were consulted on a four-monthly or more often basis regarding care interventions planned to meet assessed needs. Evidence that these consultations were taking place was also provided in pre-inspection questionnaires and in inspectors' discussions with residents on the day of inspection. However, inspectors found in the sample of care plans reviewed that residents records did not reference this consultation process. This finding

was repeated from the last inspection in June 2016.

Residents' risk of unintentional weight loss or weight gain was assessed on admission and regularly thereafter. Residents' weights were checked on a monthly basis or more often to monitor treatment interventions and progress more closely. Inspectors found that residents with unintentional weight loss or weight gain had their needs appropriately reviewed by a dietician and an associated treatment plan was in place which was implemented. The person in charge and staff spoken with told inspectors that there were no residents with pressure related skin ulcers in the centre. Tissue viability, dietician and occupational therapy specialists were available as necessary to support staff with management of any wounds that were slow to heal or deteriorating. Inspectors reviewed pressure related skin injury preventative procedures in the centre and found that practices were informed by evidence based best practice. Assessment of risk of skin breakdown was completed for each resident on admission and regularly reviewed thereafter. The level of assessed risk informed the prevention interventions implemented. Equipment such as pressure relieving mattresses and cushions, in addition to care procedures, including repositioning schedules, were used as prevention strategies.

Judgment:
Non Compliant - Moderate

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 was a policy and procedure in place to inform management of complaints. Residents spoke with by inspectors and residents and relatives who completed pre-inspection questionnaires stated that they knew how to raise a complaint if they wished. Staff spoken with could describe how they would support residents to make a complaint. Advocacy services were also available to support residents with making a complaint if necessary.

Since the last inspection in June 2016, the complaints policy had been reviewed and amended. As part of this review, an updated summary of the complaints' policy was displayed at reception.

There was a designated complaints officer and a person responsible for ensuring that all complaints were appropriately recorded and responded to. Records of complaints were

maintained in the centre and these were reviewed by inspectors. There was evidence that verbal complaints were recorded and these records were found to contain all of the information required by the regulations. All complaints were found to be closed out to the satisfaction of the complainant and was done so in a timely manner.

A defined appeals process was available to complainants, should they require it.

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:
Inspectors found that residents were provided with food and drinks at times and in quantities and consistencies to meet their needs. Residents who spoke with inspectors commented positively about the food they received in the centre.

A process was in place for the monitoring and recording of nutritional intake, which was evident in practice and reviewed by inspectors. Residents were referred to the dietician and speech and language therapy services as appropriate. Consultations by these services were completed without delay. While residents were given the correct consistency foods, inspectors found that recommendations made by the speech and language therapy service were not consistently updated in residents' care plans. were recorded in care plans and implemented in practice. The speech and language therapist and the dietician communicated directly with the kitchen regarding their recommendations for residents' foods and fluids.

Food served in the centre was found to be varied, properly prepared, cooked and served. The menu rotated on a regular basis and developed in consultation with the centre's dietician. Staff responsible for preparing the residents' meals were knowledgeable regarding the various specialised diets and food consistencies that residents required.

There was good communication and processes in place between the chef, kitchen staff, nursing and care staff to ensure that residents did not experience poor nutrition or hydration. Snacks and drinks were available throughout the day, and the chef explained to inspectors that provisions were made to ensure food was available outside of regular

mealtimes. A number of residents received assistance with their meals on the day of the inspection, and this assistance was offered and provided in a discreetly and sensitively.

The dining room was bight, spacious and attractively decorated. Mealtimes were an unhurried and social occasion with many residents using this time to chat with other residents. The menu was clearly displayed on a large white board and menus were also provided on dining tables. Staff also informed residents regarding menu choices. Alternatives to the menu on the day were available to residents if they wished.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
Residents' privacy and dignity was respected, and they were facilitated to communicate and exercise choice over their lives. While the person in charge stated that residents' feedback was sought on an informal basis regarding aspects of running and planning in the centre that affected them, improvement was required to ensure that residents were provided with regular opportunities to participate in and be consulted with in the day-to-day running of the centre. A residents' forum meeting had not been held since the previous inspection in June 2016. However a residents' meeting was scheduled for the day after the inspection.

As part of this inspection, 13 pre-inspection questionnaires were completed by ten residents and three relatives. Overall feedback was positive and referenced a good level of satisfaction with the care and service provided. Residents and their relatives complimented the staff caring for them, the standard of care, food and activities. Residents stated that they felt "safe" and "content" in the centre. An issue raised in feedback in one resident's questionnaire had been addressed through the centre's complaints process. The issue had been actioned by the provider and the complaint had been closed off to the satisfaction of the complainant.

Inspectors observed that residents were supported to maximise their independence throughout the day of the inspection. Residents' choices in relation to how they spent

their day was respected, including instances where they declined to participate in an activity. Staff sought residents' permission before undertaking any care activities and respected their decisions. Residents could choose the time they went to bed and got up in the morning and inspectors saw that these decisions were respected.
Inspectors observed interactions between staff and the residents they were caring for and found to be respectful and person-centred. Residents who spoke with inspectors spoke positively about staff and how they cared for them.

Two activity co-ordinators were employed to provide activities to residents seven days per week. Facilitation of residents' recreational activities was integrated as part of the care staff role. Rosters indicated that at least two staff members work each day, providing activities from 10:00hrs to 20:00hrs. On the day of the inspection, three activity staff were rostered until 4pm including one coordinator rostered until 20:00hrs. Residents' activities were held in the main sitting rooms on each floor. A variety of meaningful activities were scheduled on the day of inspection including reading the news, bowling, prayers and bingo. The activity schedule was informed by residents' interests and capabilities. Each resident's activity needs were assessed on admission and regularly thereafter. Activity staff who spoke with inspectors outlined how they ensured that residents were supported to engage in activities that reflected their interests, preferences and capabilities. They described the efforts made to provide activities to residents on a one-to-one basis. Records detailing each person's participation and level of engagement were maintained to ensure the activities facilitated for them met their interests and capabilities. However, improvement was required to ensure completeness. A music therapist was employed by the provider and attended the centre on a weekly basis. The music therapist facilitated one-to-one therapy for some residents and a group session on each floor. The music therapist completed an evaluation of the therapy provided for each resident. A very productive men's shed was also in place which some residents enjoyed. Inspectors spoke to one resident who described and demonstrated the creative projects he participated in including crosses constructed with wooden clothes pegs, bird houses, plant pots, trays and doll houses constructed from wooden 'lolly-pot' sticks and painted. Outings to various local venues took place on a weekly basis and ten residents participated in the most recent outing. The centre had access to a large wheelchair accessible bus.

An advocate was available to residents and the person in charge outlined how this person visited the centre frequently to meet with residents.

Residents were facilitated to exercise their civil, political and religious rights. An oratory was available in the centre, and many residents attended mass in the friary church immediately adjacent to the centre. Residents of all faiths in the centre were supported to practice their faith. Clergy from the different faiths were available to residents as they wished. The person in charge outlined how residents were supported to vote in the centre or attend their local electoral area to vote.

There were no restrictions on visiting, and a number of areas in the centre were available to residents to meet their visitors in private. Inspectors observed visitors visiting residents throughout the day of inspection. Some residents also went out for the day with their families. Telephones and a computer were available for residents' use.

Judgment:
Substantially Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
There was sufficient staff with the appropriate skills, qualifications and experience to meet the assessed needs of residents. Staff changes were documented and the duty roster reflected the staff on duty on the day of inspection. There was a minimum of one registered nurse on duty at all times to provide nursing care for residents. Inspectors found that resident needs informed the staffing resources provided.

There was a policy and procedure in place for the recruitment, selection and vetting of staff. Recently recruited staff undertook an induction programme which included training and performance reviews at one, three, six and nine month intervals. Evidence of these reviews were made available to inspectors. Staff who spoke with inspectors outlined the supervision processes that were in place for them and commented positively on their experience and the support given to them with this process. The person in charge also confirmed that appraisals were carried out with all staff on an annual basis and evidence of the appraisals completed to date for staff this year was provided to inspectors.

There was a comprehensive professional development and mandatory training programme in place for all staff. Records indicated that all staff had completed training in moving and handling practices, fire safety and the prevention, detection and response to abuse. Most staff had also completed training in managing and responding to residents with responsive behaviours, infection prevention and control, restraint use and management and basic life support. Staff who spoke with inspectors were knowledgeable regarding the training that they had completed.

Staff files were maintained in the centre and a sample of these were reviewed by inspectors, including two from recently recruited staff. These files contained all of the information required by the regulations, including disclosures of An Garda Síochana vetting. The provider and person in charge confirmed that all staff had completed An

Garda Síochana vetting.

Evidence of up-to-date professional registration with the Nursing and Midwifery Board of Ireland was available for all nurses working in the centre.

While staff meetings were conducted, these were attended by a representative staff member for each discipline. Minutes of these meetings were available for review, but this did not ensure that all staff were aware of the learning and actions arising from these meetings. The person in charge stated she was reviewing this process.

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

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	Portiuncula Nursing Home
Centre ID:	OSV-0000084
Date of inspection:	13/07/2017
Date of response:	01/08/2017

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:
Physiotherapy consultations were not consistently recorded in residents' records.

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

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

Please state the actions you have taken or are planning to take:
The physiotherapist will document all interventions and recommendations in the care plan following treatment.

Proposed Timescale: 31/08/2017

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:
Care plans were not consistently updated to reflect changes in recommendations made by the speech and language therapy service.

2. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:
All Speech and Language recommendations will be documented in the care plan and original recommendations will be scanned into the computerised system for easy access

Proposed Timescale: 31/08/2017

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Although the person in charge confirmed that care plan development and subsequent reviews were done with the participation of residents and their families as appropriate, this was not evidenced in the documentation reviewed.

3. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:
All participation and consultation with the residents and their families regarding the residents care plan will be documented in the care plan.

Proposed Timescale: 31/08/2017

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Wound care plans were not consistently documented to inform the treatment plan and to monitor progress with healing.

4. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
All wound care plans will be reviewed and will clearly document the treatment plan and management of the wound. The progress of the wound will be documented in the care plan after each dressing and assessment.

Proposed Timescale: 31/08/2017

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The levels within which blood glucose level parameters should be maintained for residents with a diagnosis of diabetes was not stated in their care plans.

5. Action Required:
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

Please state the actions you have taken or are planning to take:
All care plans will be reviewed and state glucose level parameters.

Proposed Timescale: 31/08/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A residents' forum meeting had not been held since the previous inspection. While a residents' meeting had been scheduled for the day after the inspection, improvement was required to ensure that residents are provided with regular opportunities to participate in and be consulted with in the day-to-day running of the centre.

6. Action Required:
Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

Please state the actions you have taken or are planning to take:
The meeting took place on the day after the inspection and was minuted. The minutes of residents meetings are circulated to residents who did not attend. A schedule has been developed for meetings to place every quarter. The schedule is displayed in the Nursing Home.

Proposed Timescale: 31/07/2017

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records detailing each person's participation in activities and level of engagement required improvement to ensure completeness.

7. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
The level of engagement is recorded after each activity session. This in turn will be documented in the care plan as it is reviewed.

Proposed Timescale: 31/08/2017