

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Holy Family Residence
Centre ID:	OSV-0000050
Centre address:	Roebuck Road, Dublin 14.
Telephone number:	01 283 2455
Email address:	Ispholyfamily@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Little Sisters of the Poor
Provider Nominee:	Christine Devlin
Lead inspector:	Linda Moore
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	55
Number of vacancies on the date of inspection:	5

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.

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.

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:
08 September 2014 06:40	08 September 2014 11:45
09 September 2014 09:00	09 September 2014 18:50

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was for the purpose of informing an application to renew the registration of Holy Family Residence. The provider had applied for registration for 60 places. This report sets out the findings of the inspection.

Overall, the inspector found that the provider met the requirements of 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 to a high standard.

There was a very committed management team in place who worked hard to ensure

that there was a strong governance structure in place.

The inspector found that the health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and the nursing care provided was of a high standard. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day.

Residents were consulted about the operation of the centre and there was open communication in the centre. The collective feedback from residents was one of satisfaction with the service and care provided.

The provider and person in charge promoted the safety of residents. Staff had received training and were knowledgeable about the prevention of elder abuse and other relevant areas. Staff had an in-depth knowledge of residents and their needs. Recruitment practices met the requirements of the Regulations. Almost all actions identified at the previous inspection in November 2012 and the thematic inspection in 2013 were addressed. However, risk management required improvement.

Areas for improvement identified included:

- Staffing levels on night duty contract of care

The areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. 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.

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:

The inspector found that the statement of purpose contained all of the information as required by the Regulations. The provider had made a copy available to residents. This clearly described the range of needs that the designated centre intended to meet.

Judgment:

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 systems were in place to ensure that the quality of care given to residents was monitored, developed and improved on an ongoing basis. Audits were completed on several areas such as cleaning, falls, medication management and restraint. There was evidence of improvements being identified following these audits and interventions put in place to address them.

Data was also collected each month on the number of key quality indicators such as the use of restraint, antibiotic use and the number of wounds to monitor trends and identify areas for improvement.

A number of improvements were noted from the previous inspection. These included, the additional assistant director of nursing (ADON) and senior staff nurse to strengthen the management structure. All staff, residents and relatives were involved in nursing homes week and there were photographs of the events on display. A computer was available for residents needs and basis training was provided to some residents. Residents requested additional activities in the evening and the sing along was introduced. Many residents said they enjoyed this.

There is a clearly defined management structure that identifies the lines of authority and accountability as outlined in the statement of purpose. The provider visits the centre regularly and supports the person in charge, appropriate resources were allocated to meet residents needs. The person in charge was supported by two assistant directors of nursing who provided care and supervised the care delivered.

Judgment:

Compliant

<p>Outcome 03: Information for residents</p> <p><i>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.</i></p>
<p>Theme:</p> <p>Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s):</p> <p>No actions were required from the previous inspection.</p> <p>Findings:</p> <p>A resident's guide is available to each resident which describes the services.</p> <p>The inspector read a sample of completed contracts and saw that they did not adequately met the requirements of the Regulations as they did not include adequate details of the services to be provided and the fees to be charged.</p>
<p>Judgment:</p> <p>Non Compliant - Minor</p>

<p>Outcome 04: Suitable Person in Charge</p> <p><i>The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.</i></p>
<p>Theme:</p> <p>Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s):</p> <p>No actions were required from the previous inspection.</p> <p>Findings:</p> <p>The person in charge was a registered nurse and she worked full-time in the centre. She was on duty for the duration of the inspection and was supported by two ADON's, the nurses on the units and sisters to support staff.</p> <p>The person in charge had good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the Authority's Standards.</p> <p>The person in charge demonstrated strong leadership and good communication with her team. She was frequently observed meeting with residents, relatives and staff and ensured good supervision to all staff. She was an organised manager and all documentation requested by the inspector was readily available. The person in charge</p>

had deputising and on call arrangements in place.

The inspector observed that she were well known to staff, residents and relatives with many referring to her as the person they could go to if they had an issue. She had maintained her continuous professional development and had recently completed all courses mentioned in Outcome 18. She had also completed a fetac level six in gerontology. The ADON deputises for the person in charge.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the records listed in schedules 2, 3 and 4 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

Records were stored securely.

An up to date insurance policy was in place for the centre which included cover for resident's personal property and accident and injury to residents in compliance with all the requirements of the Regulations.

Judgment:

Compliant

<p>Outcome 06: Absence of the Person in charge</p> <p><i>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.</i></p>
<p>Theme:</p> <p>Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s):</p> <p>No actions were required from the previous inspection.</p> <p>Findings:</p> <p>The provider was aware of her responsibility to notify the Chief Inspector of the absence of the person in charge.</p>
<p>Judgment:</p> <p>Compliant</p>

<p>Outcome 07: Safeguarding and Safety</p> <p><i>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.</i></p>
<p>Theme:</p> <p>Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s):</p> <p>No actions were required from the previous inspection.</p> <p>Findings:</p> <p>The inspector found that measures were in place to protect residents from being harmed or abused. All staff had received training on identifying and responding to allegations of elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse.</p> <p>The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. A review of incidents since the previous inspection showed that there were no allegations of abuse in the centre.</p> <p>Residents spoken to and those who had completed the Authority's questionnaire commented that they felt safe and secure in the centre. They attributed this to the fact that there was sufficient staff on duty to meet their needs and access to call bells.</p>

There are systems in place to safe guard resident's money. The policy guides practices, comprehensive and complete records of resident's financial transactions were maintained.

There is a policy on and procedures for managing behaviours that challenge. Staff had appropriate skills to respond to and manage this behaviour. There were no residents at the time who displayed these behaviours, however the policy would guide practice. There was evidence that the GP and Psychiatric services were involved in the care as required. The use of restraint was in line with the national policy on restraint. The rationale for use was clearly documented. The restraint register was reviewed. There was a system in place to monitor all residents using restraint.

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):

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

Findings:

The inspector found that there were robust systems in place in relation to promoting the health and safety of residents, staff and visitors. However, there was an area for improvement. Additional fire doors were installed since the previous inspection.

The inspector read the risk management policies which were developed in line with the Regulations and guided practice. They included the policies on violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff. However they were not being used to guide practice.

A health and safety committee continued to meet and the minutes of the last meeting were reviewed by the inspector. All environmental issues which were identified were discussed at the meeting. However, as outlined below it was noted that not all risks were identified. There was a health and safety statement in place which had been reviewed in 2013 and it related to the health and safety of residents, staff and visitors. The provider and person in charge had developed a risk register to identify and manage the risks in the centre. However this could be further developed. Some measures were in place to prevent accidents and facilitate residents' mobility, including non-slip floor covering in bathrooms and toilets.

However, there were areas for improvement. The inspector found that there were open stairwells where residents with a cognitive impairment who wandered had access to.

While these residents were being checked half hourly. The risk assessment did not include all controls required to mitigate the risk. There were no missing person profiles in place for these residents.

The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency.

Overall fire safety was well managed.

The inspector viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out by staff at suitable intervals as defined by the Regulations.

The inspector viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. The inspector found that all internal fire exits were clear and unobstructed during the inspection. There was a robust system whereby staff checked fire exits daily and this was documented. Personal evacuation plans were documented in residents files and staff were aware of these plans.

All staff had been trained in manual handling and appropriate practices were observed by the inspector.

Written confirmation from a competent person that of all requirements of the statutory fire authority, was submitted to the Authority prior to the inspection.

The inspector found that there were measures in place to control and prevent infection. Staff were knowledgeable in infection control. Staff had access to supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available discretely throughout the centre.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

The inspector was satisfied that each resident was protected by the designated centre's policies and procedures for medication management. There was a medication policy which guided practice.

The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. The pharmacist was involved in medication safety and review in the centre. The pharmacist reviews records three monthly. Competency assessments were also completed with staff. The inspector observed a medication round and found that medication was administered in line with the policy and best practice.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of balances and found them to be correct.

Medication audits were completed to identify areas for improvement and there was documentary evidence to support this. Medication errors were reviewed by the person in charge and systems were in place to minimise the risk of future incidents. There were appropriate procedures for the handling and disposal of unused and out of date medicines. All staff nurses involved in the administration of medications had undertaken medication management training.

Judgment:
Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of inspectors, all relevant incidents had been notified to the Chief Inspector by the person in charge.

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):

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

Findings:

The inspector was satisfied that residents healthcare needs were met to a high standard and that each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. Residents had access to GP services and a full range of other services was available on referral including speech and language therapy (SALT) and dietetic services. Chiropody, dental and optical services were also provided. A physiotherapist was available twice a week and was included in the fee. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

The inspector reviewed a sample of residents' files and noted that a nursing assessment and additional clinical risk assessments were carried out for residents. Daily notes were being recorded in line with professional guidelines.

Overall care plans contained the required information to guide the care for residents. Residents and/or relatives were involved in the development of their care plans and they discussed this with the inspector.

Falls Management

The inspector read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised. Preventative measures undertaken included the use of bed alarms and hip protectors. There was very good supervision of residents in communal areas and good staff levels during the day to ensure resident safety was maintained. There was an adequate policy in place on falls prevention to guide staff. Neurological observations were completed when residents sustained an unwitnessed fall. A falls committee continued to meet and review falls which occurred each month and developed a plan to minimise the risk of future falls.

Restraint Management

The inspector found that there was an emphasis on reducing the use of restraint.. Risk assessments were completed and kept updated for the use of bedrails. There was evidence of alternatives available. There was a system in place to monitor all residents

using restraint.

Wound

There were no pressure ulcers in the centre. The inspector read the care plans of a resident with a wound and noted that there were adequate records of assessment and appropriate plans in place to manage the wounds. An evidence-based policy was in place and was this used to guide practice. Staff spoken to were knowledgeable of the strategies to be taken to prevent pressure ulcers.

Nutrition

There were policies on nutrition and hydration which were being adhered to and supported good practices. See outcome 15.

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 physical environment in the centre met the requirements of the Regulations. The fourth floor had been improved since the previous inspection. This now provided ensuite toilet and showers in resident's bedrooms. While the centre met the requirements of the regulations, this could be further enhanced to support residents with dementia, for example, signage.

There was adequate storage space. The inspector observed residents equipment was appropriately stored to be used by residents.

The centre was clean, comfortable, welcoming and well maintained both internally and externally. The inspector found that the communal spaces and bedrooms were homely in design, decor and furnishings and this was also frequently mentioned by residents and their relatives. Hand rails were provided in circulation areas.

Three passenger lifts were provided and maintained.

The external grounds were well maintained and some residents used the outside area

with the support of staff.

There were records to show that assistive equipment such as hoists, baths and pressure relieving mattresses had been serviced regularly. Service contracts were in place for equipment. All residents were provided with a call bell to enable residents to summon assistance when they required.

There was sufficient private space available on the units where residents could go if they required some quiet time.

The kitchen was found to be well equipped. The inspector observed a plentiful supply of fresh food.

Judgment:

Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Complaints were well managed. The complaint's policy was in place and the inspector noted that it met the requirements of the Regulations. The complaints procedure was on display throughout the centre. Relatives and residents who spoke with the inspector knew the procedure if they wished to make a complaint. A complaints book was placed on each floor and it showed that all complaints recorded were addressed. There were also numerous compliments recorded.

Complaints and feedback from residents were viewed positively by the provider and the person in charge. Residents and relatives were aware of the name of provider and person in charge and spoke about how they were so approachable.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

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

Findings:

Residents received a high standard of end-of-life care which was person centred and respected the values and preferences of the individual and resulted in positive outcomes for residents.

There was a policy on end-of-life care which was centre specific and provided detailed guidance to staff. This had been revised since the thematic inspection and guided practices. Staff members were knowledgeable about this policy.

Care plans were found to reference the religious needs, social and spiritual needs of the resident as well as preferences as to the place of death and funeral arrangements as appropriate. Regular family meetings were held and were attended by the GP and person in charge as appropriate. The decisions concerning future health care needs had been discussed with the next of kin and documented, however they were not documented by the GP.

Overnight facilities were provided for visiting family members who wished to stay with their loved one. All residents resided in single rooms.

The person in charge stated that the centre received support from the local palliative care team when required. None of the residents were accessing the service at the time of the inspection. The service was accessible upon referral by the GP and the inspectors saw that there was prompt access to the service when required including out of hours. Staff members were knowledgeable about how to initiate contact with the service.

Records showed that staff had received training in end-of-life care in 2013 and 2014 and further training was planned.

Mass took place daily and there was access to religious service from other religious denominations if required.

Residents and visitors were informed sensitively when there was a death in the centre. Residents were informed in person and allowed to pay their respects if they wished to do so. Residents are invited to sit and pray if appropriate. The inspector found that the religious sisters sat with residents at this time and provided end of life care. All returned property was documented and signed in the property checklist.

Residents, spoken to by the inspector, stated that their religious and spiritual needs were respected and supported and that their wishes regarding their preferences and choices at their end of life had been discussed with them or their family.

Last rites were provided and documented. Respect for the remains of the deceased was noted and documented and family were consulted throughout the whole process.

Residents wishes were facilitated. A number of the staff attended resident's funerals as these were held in the centre if this was the resident or relatives preferences. An oratory was also available in the centre.

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:

The inspector spent time in the dining room and visited residents who also chose to eat in their bedrooms during lunch time and found that the dining experience was dignified, pleasant and relaxed with a strong emphasis on providing a high quality dining experience for residents.

The inspector noted that meals were well presented and all residents expressed satisfaction with their meals.

The inspector also observed the breakfast and main meal and found that it was hot and attractively presented. Residents were offered a choice of food at each meal time and individual preferences were readily accommodated. Residents were provided with scrambled eggs or sausages if they wished in the morning. The nursing staff monitored the meal times closely. Residents, who required their food to be modified, for example pureed, were served this food in individual portions and had the same choice of food at the main meal.

Regular fluids were provided during the day. Portion sizes were appropriate and second helpings were offered. Residents who required assistance at this meal received this in a sensitive manner. The meal time provided opportunity for social interaction between staff, residents and relatives.

The menu had been reviewed by the dietician in 2014 and advice and recommendations had been taken on board such fortification of meals.

Relevant information pertinent to the meal time was in place and was reviewed monthly by the person in charge. A catering meeting was held monthly, or more frequently if needed with the chef to review the menu and the resident's needs. The inspector met with the chef who demonstrated an in depth knowledge of residents dietary needs, likes and dislikes and this was documented. Snacks were provided at any time as requested.

Inspectors found that weight records showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify

residents at risk and were also repeated on a regular basis. Records also showed that some residents had been referred for and received a recent dietetic and SALT speech and language review. The treatment plans for residents was recorded in the residents' files. Medication records showed that a small number of residents who required supplements were prescribed by a doctor and administered appropriately. However staff provided fortified meals as a first choice as required.

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:

The inspector was satisfied that staff treated residents with privacy and dignity and that strong emphasis was placed on these values by the provider and person in charge.

Staff were observed knocking on bedroom, toilet and bathroom doors and waiting for a response to enter and this was confirmed by residents. The inspector observed staff interacting with residents in a friendly and courteous manner. There was an open visiting policy and contact with family members was encouraged.

There were two residents' forum within the centre. One of these meetings was used for residents to act as advocates on behalf of other residents with a cognitive impairment or those who did not wish to attend the meetings. The person in charge attended these meetings and there was evidence that improvements were made based on feedback, such as more outings and additional activities in the evening time.

The chef met the residents after meals to seek their feedback and this was observed by the inspector.

Residents had access to independent advocacy services, volunteers met with residents regularly and any issues raised would be discussed with the person in charge.

Relatives said if they had any query it is addressed immediately. Relatives said they were kept up to date on their family status and any changes. Many residents went out with their families and friends during the day which they said they enjoyed.

The inspector found that most residents said they had flexibility in their daily routines, for example, residents could decide whether to participate in activities available to them. They chose when to go to for example, bed and the time they got up. Residents were involved in the changes that were made in the centre, such as the change to the mass times. A residents questionnaire was completed in September 2014 to review the changes. The person in charge met with family members on an annual basis and this feedback was incorporated into the care plans.

Residents voted in the recent election and candidates visited the centre.

The inspector noted that televisions and telephone phone had been provided in residents' bedrooms. Residents had access to newspapers daily.

Residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences. There were activity staff employed in the centre and the benefits to residents were apparent. A schedule of activities was available each day and the inspector noted that various activities were being provided throughout the centre. The hairdresser visited weekly. Residents commented they enjoyed the experience. There was evidence that residents engaged in activities such as music, SONAS (a therapeutic programme specifically for residents with dementia), exercises, quizzes and hand massage. Social care assessments were completed in respect of all residents and residents had care plans to guide the social care services delivered. The activity coordinator was in the process of developing more programmes for residents with a cognitive impairment.

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:

Residents could have their laundry attended to within the centre. The inspector spoke with the staff member working there and found that she was knowledgeable about the different processes for different categories of laundry. Residents and relatives expressed satisfaction with the laundry service provided. Adequate storage space was provided and there were procedures in place for the safe segregation of clothing to comply with infection control guidelines.

Residents had access to a locked space in their bedroom if they wished to store their belongings. There was a policy in place of residents' property in line with the Regulations and a list of residents' property was maintained.

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:

The inspector found that there was a very committed and caring staff team. The person in charge and provider placed strong emphasis on training and continuous professional development for staff. All staff told inspectors that they felt well supported by person in charge and provider and described the workforce as like a family.

However, while the inspector found that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents during the day, this was not sufficient on night duty. The inspector noted that the fourth floor was in operation since the previous inspection and the numbers of residents had increased. While there were two nurses on night duty for 60 residents on two nights of the week, this was not consistent on all nights. The inspector found that the medication round was interrupted many times during the night and could take up to three hours. This was confirmed by a small number of residents.

The inspector found that supervision in the day rooms had improved from the previous inspection. Staff attributed this to the reduction in the number of falls during the day time.

There was a recruitment policy in place and the inspector was satisfied that staff recruitment was in line with the Regulations. A sample of staff files were examined and the inspector noted that all relevant documents were present.

Staff told inspectors they had received a broad range of training which included medication management, managing risk, infection control, Dysphagia, food safety and

first aid, for example.

A training plan for 2014 was shown to the inspector. This included risk management. A date was to be confirmed for training in epilepsy.

The inspector reviewed all files and found that nursing staff had up to date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2014.

The provider had ensured that volunteers were vetted appropriate to their role. An induction programme for volunteers was developed, this included fire safety training. A volunteer committee was also established.

Staff told inspectors there were open informal and formal communication within the centre. The inspector found that there were many informal and formal arrangements to discuss issues and residents' needs as they arose. A daily meeting took place with staff in the afternoon to discuss changes to residents or new policies, for example.

Judgment:

Non Compliant - Moderate

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:

Linda Moore
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:	Holy Family Residence
Centre ID:	OSV-0000050
Date of inspection:	08/09/2014
Date of response:	15/10/2014

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 03: Information for residents

Theme:

Governance, Leadership and Management

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

The residents contract did not meet the requirements of the Regulations.

Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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:

Contracts of Care have been updated in accordance with the New Care and Welfare Regulations. These include details of the services to be provided and the fees to be charged.

Proposed Timescale: completed

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:

The risk management policy was not being implemented in practice, for example, the systems in place to identify and assess risk such as residents at risk of going missing.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The risk register will be further developed to identify and manage risks in the centre. A missing person's profile has been implemented and is already in operation.

Proposed Timescale: 31/12/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The numbers of nurses on night duty were not sufficient to meet the assessed needs of residents.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

We have employed a Twilight Nurse each evening from 8.00 p.m. to 11.00 p.m. and we will be reviewing and monitoring the situation. The Twilight Nurse begins on the 19th October.

Proposed Timescale: 19/10/2014