

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Health
Information
and Quality
Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	Queen of Peace Nursing Home
Centre ID:	0379
Centre Address:	Churchfield
	Claremorris Road
	Knock
	County Mayo
Telephone number:	0949 388279
Fax number:	0949 388859
Email address:	queenofpeacecare@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	MMM Partnership
Person in charge:	Fidelma Mohidin
Date of inspection:	30 August 2011
Time inspection took place:	Start: 10:10 hrs Completion: 14:20 hrs
Lead inspector:	Patricia Tully
Support inspector(s):	N/A
Type of inspection:	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

The Queen of Peace Nursing Home was established in 1990. The centre accommodates up to 37 residents and offers long term, respite and convalescent care. Although currently registered for 37 residents the provider has decided to limit bed occupancy to 32 residents in order to ensure greater privacy and space for residents. It caters for residents who mainly have physical problems as a result of ageing and people with cognitive impairment and / or dementia and mental health problems.

The centre is single storey bungalow style. All accommodation is on the ground floor. Residents have the choice of either private or semi-private bedrooms. There are 19 single and 4 twin bedrooms with en suite toilet and wash-hand basin facilities and one single room and two twin rooms without en suite toilets.

Communal accommodation consists of a dining area adjacent to the kitchen, two sitting rooms, a smoking room / visitors' room and a chapel. A further five toilets and two assisted bathrooms and three showers are available. Offices, storage space and a sluice room complete the layout. There is a garden to the side and ample car parking is available to the front of the building. There is an undeveloped space in an upper floor.

Location

The centre is located in Churchfield, Knock, Co Mayo which is a few minutes drive from Knock Shrine on the old Claremorris Road. It is close to shops and business services in Knock.

Date centre was first established:	1990
Number of residents on the date of inspection	28 (+ 1 person attends centre for day care 09:00 – 18:00)
Number of vacancies on the date of inspection	4 (although registered for 37, the providers have limited their maximum occupancy to 32)

Dependency level of current residents	Max	High	Medium	Low
Number of residents		11	9	8

Management structure

The providers are MMM Partnership. Raffick Mohidin is the designated provider on behalf of the partnership. Fidelma Mohidin is the person in charge. A team of staff nurses, carers, catering and housekeeping staff support the person in charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1	4 up to 14:15 3 after 14:00	1 up to 14:00	2 up to 14:00	0	1* from 14:00

*provider (who was the nurse on duty until 14:00 and then another nurse came on duty at 14.00)

Background

This was an un-announced follow up inspection to the registration inspection and the fourth inspection by the Health Information and Quality Authority (the Authority).

In response to the provider's application for registration, a registration inspection was carried out on the 11 and 12 January 2011. The Action Plan at the end of that report identified 14 areas where improvements were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The actions included, for example, training on the prevention of elder abuse, restraint management, involvement of residents and relatives in care planning, audit and review of practice, review of staff files to ensure compliance with legislation and some environmental issues. Published reports are available at www.hiqa.ie.

This inspection report outlines the findings of the un-announced inspection which took place on 30 August 2011. This inspection was carried out as part of the Authority's inspection programme to check progress on any outstanding actions from previous inspections and to monitor compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) regulations 2009 (as amended). This inspection focussed on the area of practice that required improvement as set out in the Action Plan of the inspection report dated 11 and 12 January 2011 and notifications received since the last inspection.

Summary of findings from this inspection

Since the last inspection, the Authority received the provider's response to the inspection report and action plan. This outlined the timeframes for addressing the issues and detailed the actions taken and actions planned to ensure compliance with the legislation.

The inspector found 12 of the required 14 actions were adequately met. One action in regard to medication management was partially met. A copy of the prescription was not

kept on file in the designated centre. The outstanding action relating to the provision of suitable staff changing facilities remains within the agreed timeframe.

The centre was clean, warm and there was a sociable atmosphere in the residents' sitting area. Staff were friendly and welcoming and were observed talking and chatting to residents as they went about their duties. Nurses and care staff answered the inspectors' queries in an informed and professional manner.

Documents reviewed by the inspector prior to the inspection included the statement of purpose for the centre, previous reports and action plans and notifications of serious incidents. Documents reviewed during and post-inspection included residents' care plans, accident and incident records, the residents' guide, the record of complaints, staff duty rosters, residents register, policies, procedures and staff training records. The inspector spoke with residents, relatives and staff during the inspection and observed care practices and the quality of the environment. The inspector spoke with the designated provider and the person in charge during the inspection.

Several improvements had been made since the previous inspection. Both the statement of purpose and the residents' guide both had been amended and are also available in large print. Additional staff training has been facilitated and provided, for example all staff have attended the mandatory training in Elder Abuse and Fire Procedures including Evacuation in the event of a fire, as evidenced in staff files. Some staff have attended the HSE's Train the Trainer course on Restraint. A number of staff have booked to attend a course on End of Life Care. The absence of a staff training matrix was discussed with the person in charge and she agreed to develop this to assist in tracking and planning future mandatory and other training of staff.

The activity schedule has been revised and additional external services engaged, for example, the Fit For Life programme is being trialled on the 14 September. The requirements in regard to restraint and risk assessment have been addressed. The most recent fire evacuation practice was carried out on the 10 August 2011. Audits and resident/relative satisfaction survey have been carried out. The person in charge advised that contact has been made with the HSE infection control officer who has agreed to facilitate consultations if required. There are separate trolleys now in use for laundry and cleaning. The upgrading of the premises also continues, for example, the signage throughout the centre has been improved to easily direct residents, staff and visitors to fire exits and evacuation procedures are displayed to direct all as to what to do in the event of a fire. Large print signs with pictorial images depicting the purpose of rooms are posted on key doorways to prompt residents with memory deficits. The person in charge advised the inspector that further refurbishment such as replacing more doors is planned.

The provider and person in charge have put in place a number of actions to address the issues raised in best practice recommendations in line with the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

The inspector viewed the staff rota and found that the planned staff rota matched the staffing levels on duty. The staff roster detailed their position and full name. A registered nurse was on duty at all times. Supervision of staff is by direct hands on approach of the person in charge and the provider who work directly with staff. The inspector attended one of the staff handover meetings which informed the incoming staff group of the health

and wellbeing of the residents which take place at the change of each of the three daily shifts and was attended by care staff and nursing staff. Good interaction between staff was observed as the information about the residents changing needs and/or events during the previous duty shift was relayed.

Staff were of the view that there were adequate staff on-duty to meet the needs of the residents and that they had sufficient time to carry out duties assigned to them. Hoists and other equipment had been maintained and service records were up-to-date. Appropriate assistive equipment such as hoists, pressure relieving mattresses, cushions, wheelchairs and walking frames were available and staff reported that there was sufficient available for the current dependency levels of the residents.

Residents spoken with stated that they felt safe in the centre and that they "enjoyed the activities" that they participate in during the day. Residents were positive in their comments in relation to the person in charge and spoke of her commitment to providing a quality service and in meeting their needs. One resident described her as "doing things above and beyond the call of duty". They said they could talk to her if they had a problem. During the inspection, residents were observed participating in an exercise session, watching TV and reading the newspaper which the provider supplies daily.

There were no complaints documented in the centre's complaints log. The provider and person in charge stated that while they had received no formal complaints, residents do talk to them about issues that they may have. They agreed that should any issues require action that in future these will be logged in the future as complaints and actions taken documented.

The management of one resident's expressions that her personal belongings repeatedly go missing was discussed and the involvement of family in this arrangement was found to be appropriate.

Residents were enabled to retain the services of the own General Practitioner (GP) or alternatively were offered the services of the centre's GP. The person in charge gave assurance that the input from all GP's attending residents is now in line with the requirements under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

As a result of findings on inspection and review of notifications received by the Authority, the inspector was satisfied that adequate care was provided to residents to maintain their welfare and well-being.

The Action Plan at the end of this report has been updated to identify areas where improvements are required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), and the plans in place to address any outstanding actions under the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Issues covered on inspection

The primary focus of the inspection was to review and assess the progress of the agreed action plan from the inspection of 11 and 12 January 2011. It also involved a review of notifications from the provider to the authority.

1. Notifications

The notifications to the chief inspector since the last inspection were reviewed. The incorrect use of NF11 form on two occasions instead of the NF03 was highlighted and the correct procedure to be adopted by the person in charge in future was discussed. The person in charge confirmed that the correct procedures would be adopted.

2. Actions reviewed on inspection:

1. Action required from previous inspection:

Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

This action was completed. All staff have completed mandatory training on elder abuse and recognition and prevention as evidenced in the sample of staff training files reviewed.

2.(a) Action required from previous inspection:

Put in place arrangements so that medication administration practices are within An Bord Altranais guidelines.

This action was partially completed. The issues in regard to the administration and recording of medication have been addressed including the time of administration is specified by the prescribing doctor and the discontinuation of medications was clear and signed.

Staff dispensing the medication continue to rely on the pharmacy dispensing sheets for dispensing and signing these off on administration. These sheets had the time of administration recorded. The good communication links with the supplying pharmacy continues. The person in charge reported that the pharmacist has informed her that they require the original prescription for dispensing purposes. A copy of the original prescription should be retained on file in the designated centre as a record for the purposes of "matching the prescription/medication order against the label of the dispensed medication" – An Bord Altranais guidance.

A pharmacy component is planned as part of future training for staff to support the continued safe administration and storage of medication.

The inspector was informed that there were no controlled drugs in stock and the person in charge gave assurances in relation to safe practice, handling, storage and administration of medication in line with good practice guidelines.

2.(b) Action required from previous inspection:

Put in place a comprehensive policy on all aspects of medication management to reflect An Bord Altranais guidelines for registered nurses and as outlined in Standard 14.3 of the *National Quality Standards for Residential Care settings for Older People in Ireland 2009*.

This action was completed. Policies and procedures have been developed and made known to staff. The medication policy was reviewed by the inspector and found to include the procedure to follow in the case of medication error. Policies are introduced to staff at their induction and are also discussed at staff meetings. Minutes of meetings were available. The person in charge advised the inspector that she is carrying out a review of all aspects of care plans including medication management and this was evident in the care plans reviewed. Audits data is under review.

3.(a) Action required from previous inspection:

Carry out a full assessment, including a risk assessment, on any resident before the use of any form of restraint is introduced to ensure it is necessary and the least restrictive option available to ensure the care welfare and protection of the resident.

This action was completed. While the use of bedrails and tilt in space chairs had decreased from previous inspections, they were still in use. Care plans were in place documenting the rationale for the use of the restraint measure and on-going review of restraint practices has improved. The policy and procedural guidelines are now available to staff to guide and inform them on the use of restraint. Two staff members have attended the HSE 'Train the Trainers' course on restraint.

3.(b) Action required from previous inspection:

Maintain a record of any occasion on which restraint is used, the nature of the restraint and its duration.

This action was completed. Documentation was now in place in relation to the restraint measures including the nature of the restraint and the duration.

3.(c) Action required from previous inspection:

Obtain the consent of the resident where the resident is able to give informed consent to the application of the restraint measure.

This action was completed. Documentation in relation to the restraint measures included the recording of consent.

3.(d) Action required from previous inspection:

Maintain a record of any occasion on which restraint free time is in place to ensure compliance with best practice and standards.

This action was completed. A space is now available in the documentation to insert restraint free time during waking hours. This currently does not apply to any of the present residents as no restraint is in use during the day. The tilt in space chairs are used as specialised seating for postural support in specific circumstances.

4.(a) Action required from previous inspection:

Update staff of the evacuation procedures which ensures the safe placement of all residents. Ensure staff are aware of specific responsibilities should the need to evacuate arise for example reporting arrangements.

This action was completed. Records were available supporting that all staff had attended fire safety and prevention training. Policies and procedures are discussed at 3 monthly staff meetings. The policy and procedure and the emergency plan provides details of who to contact. The inspector interviewed staff and found that they were knowledgeable on the procedures and reporting arrangements should an emergency occur.

4.(b) Action required from previous inspection:

Update written procedures in relation to evacuation of the premises to include details of a place of safety for residents

This action was completed. As part of the enhancement of the major emergency plan, a designated place of safety has been agreed since the last inspection which has been included in the policy and procedure on evacuation. Residents will be transferred to a care centre nearby should it be deemed necessary to evacuate the building and a notice is displayed in the hallway to this effect.

4.(c) Action required from previous inspection:

Complete individual evacuation plans for all residents.

This action was completed. Individual risk assessments detailing evacuation procedure in the case of fire are now available for each resident.

5. Action required from previous inspection:

Put in place fire action notices to include procedures to be followed in the event of fire, directional advice for fire evacuation routes and assembly points.

This action was completed. The fire policy and procedures were viewed by the inspector and found to be updated in accordance with legislation and best practice. Records were available supporting that all staff had attended fire safety and prevention training. Routine fire drills occurred and the last evacuation drill was held on 10 August 2011. Directional signage, appropriate fire procedures and exit directions were found to be displayed throughout the building.

6.(a) Action required from previous inspection:

Provide suitable storage in the designated centre.

This action was completed. Cleaning equipment including the cleaning trolley is no longer stored in the sluice room. A separate locked location has been provided.

6.(b) Action required from previous inspection:

Provide suitable staff changing facilities.

This action has not been addressed. Designated staff changing facilities remains outstanding. The person in charge informed the inspector that the approved 22-bedded extension which would include staff changing facilities has not commenced and there are no plans to do so in the short-term. The provider is giving consideration to an interim resolution which will involve the conversion of an existing unused space on an upper floor over one section of the centre. This action is repeated at the end of this report.

7. Action required from previous inspection:

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of residents in the designated centre at appropriate intervals.

This action was completed. A recent service user satisfaction survey had been carried out which captured some suggestions for change which have been acted upon such as the cost of hairdressing services which had been lowered following discussion with the hairdresser.

8. Action required from previous inspection:

Revise the statement of purpose to meet the requirements of the Regulations.

This action was completed. The statement of purpose meets the requirements of the legislation. It is also available in large print. It set out the objectives and philosophy of the service to be provided. It was highlighted at the last inspection that the residents' guide and statement of purpose were contained in the same document. These have now been separated and a copy of each has been made available to each resident. Both documents have been amended to comply with current legislation.

9. Action required from previous inspection:

Obtain evidence of medical and physical fitness and update staff file including all information as required in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2009 (as amended).

This action was completed. Staff files reviewed by the inspector are now complete with the required documentation and the person in charge stated that staff files now complied with current legislation.

10.(a) Action required from previous inspection:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

This action was completed. The review of care plans has been addressed and evidence was present of consultation with residents in relation to their care plan in the sample number of care files reviewed. The audit of the care plans are currently being carried out by the person in charge. Admissions are not made to the centre until an assessment of their needs has been undertaken. This assessment involves the individual, their family or significant other and phone contact with any professionals involved in their care. This was found to be documented in the resident's care plans reviewed.

Good nutritional assessments were completed and residents' weights were recorded monthly. Staff interviewed reported that "the standard has come up under the new management".

10.(b) Action required from previous inspection:

Ensure that when a care plan is evaluated that there is adequate documentation of the process that shows clearly any changes and also documents if there are no changes to allow for a quality evaluation

This action was completed. The person in charge has addressed the identified requirement to review the quality and safety of care provided to residents. The data from the audits of all aspects of the care plan which is ongoing is currently being collated and will be analysed. The findings will inform changes in practice where identified.

11. Action required from previous inspection:

Devise an alternative communication system that ensures that all residents are facilitated and encouraged to communicate enabling them to participate in the activities and running of the centre.

This action was completed. Residents continue to participate in the daily programme of activities as they choose. The resident's 'my memories' profiles are used to improve communication appropriate to the resident's interests and in planning person centred activities. A number of care staff facilitates the activities programme as part of their rostered duty. Both residents and staff expressed their satisfaction with the variety that this approach offers. The person in charge has engaged 'Fit For Life' to run additional

exercise programmes on a trial basis and all safeguards had been undertaken prior to the commencement of this activity. A physiotherapist attends the centre for a 3 hour session once a week to carry out individual and group interventions which are written up in the residents care plan. The Sonas therapist that they had engaged has left the area since the last inspection and the person in charge is considering options to continue this activity in the long term. The gardening activity continues and the resident involved is proud of her achievement in 'growing vegetables for the home', under the supervision of staff which has given her a sense of purpose.

Inspectors at the last inspection found the building lacked orientation cues for residents with dementia. While all doors remain the same colour, signage has improved to assist resident's orientation to their environment.

12. Action required from previous inspection:

Put in place suitable practices in infection control in accordance with current Regulations and best practice guidelines.

This action was completed. A storage area has been put in place to store mops and cleaning equipment trolleys and the person in charge said that staff adhere to the policies and procedures in regard to infection control. Separate trolleys are now in use for cleaning and laundry.

The person in charge confirmed that she has made contact with the HSE regional infection control officer who will facilitate consultations if required.

13.(a) Action required from previous inspection:

Maintain an up-to-date record of each resident's personal property that is signed by the resident and two members of staff.

This action was completed. The required improvement in recording changes in each resident's personal property throughout the residents stay has been implemented. Inspector viewed the system in place with the provider and signatures were completed in line with the centres policy and procedure.

13.(b) Action required from previous inspection:

Put in place a transparent and traceable system for the management of residents' petty cash.

This action was completed. A petty cash system was in place to manage small amounts of money for some residents. A record of the handling of money was maintained for each transaction. It was identified at the last inspection that only one signature was recorded where petty cash was received from relatives. This practise has since been revised as the provider now ensures that two signatures were available for all transactions. The individual balance was clearly available for each resident.

The provider acts as agent to manage pensions on behalf of some residents. A separate file was available for each resident, which documented financial transactions. Where the resident had capacity, their signature was documented and where they were incapacitated, the signature of the resident's significant other or next of kin was available and was countersigned by two staff members.

14.(a) Action required from previous inspection:

Ensure a high standard of evidenced based nursing practice is met with regard to residents who have sustained a fall.

This action was completed. A new system with a more detailed recording template is now in place, detailing the incident that took place, the response taken including the medical input if required, neurological observations and future precautions to be followed to alleviate risk. A record is documented in the resident's case notes of any preventative measures to reduce the likelihood of reoccurrence.

14.(b) Action required from previous inspection:

Provide staff with access to education and training on the operating policies and procedures to enable them to provide care in accordance with contemporary evidenced based practice.

This action was completed. A review of staff training records confirmed that staff had access to training. Training for all staff was up to date on the prevention of fire safety and evacuation and moving and handling. Two staff had attended training on 'care plan needs of the elderly' and all staff had received dementia care training and challenging behaviour. Two had attended training on infection control. Catering staff had received training on food hygiene. Additional training that has taken place Train the Trainer and future courses planned are End of Life Care and Pharmacy.

The absence of a staff training matrix makes tracking of training more difficult for management and the person in charge is to review this.

All policies required under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were in place. Policies were discussed at staff meetings to ensure the staff understood and acted upon all policies and procedures as required. Training is facilitated to support the policies and procedures, for example, the policy developed for end-of-life care which provides direction to staff on the care of residents who were dying is to be further enhanced by staff attending a planned course on End of Life Care.

Appraisal of staff is carried out by the person in charge and provider twice yearly and this continues to guide training and development needs of staff.

2. Recommendations reviewed on inspection

1. Best practice recommendations:

Compile a missing person description profile for each resident to include a recent photo of the resident to assist should a resident go missing.

A missing person's policy was in place which included clear procedures to guide staff should a resident go missing. Photographic identification was available for each resident. A description sheet is now available for all at risk residents which would assist emergency services should a resident go missing. The person in charge assured the inspector that independent residents know to let the person in charge or their deputy know when they are leaving the centre and when they are likely to return.

2. Best practice recommendations:

Provide an independent advocate to residents to assist them in making decisions.

The residents did not have access to independent advocate/advocacy service. The provider informed the inspectors that the centre would have an independent advocate in the near future. An individual has been identified and she is currently undertaking training in this area and as soon as this is complete, she has given a commitment to provide advocacy services at the centre.

3. Best practice recommendations:

Complete a life history/life story for each resident and use the information gathered to plan and personalise the activity programme.

The recommendation in regard to life histories for residents has been addressed by the ongoing completion of "My Memories" profile for residents by their families. The profiles are used to improve communication appropriate to the resident's interests and in planning person centred activities.

4. Best practice recommendations:

Dedicated elder abuse officer details to be added to protection policy.

This action is complete. Policy now includes the contact details of the HSE's elder abuse officer.

5. Best practice recommendations:

Provide a visitors room separate from the smoking room.

This action has not been addressed. The smoking room is functioning as a dual purpose smoking room and visitor's room. A ventilation fan was in situ. While the provider confirmed that planning permission has been received for the proposed extension which includes a designated visitor's room, a decision on whether to proceed is on hold.

6. Best practice recommendations:

Make arrangements for a fire officer from the statutory fire authority to conduct a familiarisation visit.

This action is awaiting a response by a third party. The person in charge informed the inspector that he had requested that the local fire officers attend the centre to carry out a familiarisation visit but this had not occurred to date. The person in charge stated that she has been in contact with the fire officer and he has given an undertaking that he will visit the nursing home as he plans to visit all nursing homes in Co Mayo.

7. Best practice recommendations:

Staff meetings should take place on a regular basis.

The person in charge stated that three monthly staff meetings were held. Minutes of these were available. Minutes of meetings to date revealed that these are used for introduction and training on policies which continues so that all staff are familiar with the centre's operating policies and procedures.

8. Best practice recommendations:

Continue to try and set up a Residents Committee.

The person in charge recounted her attempts to progress the setting up of the residents committee which have remained unsuccessful. She and the provider will continue to explore options so as to achieve a successful outcome.

9. Best practice recommendations:

Name badges to be worn by all staff.

This has been addressed. All staff have been issued with badges and staff were wearing badges on the day of the inspection.

10. Best practice recommendations:

Compile two separate documents one entitled the Statement of Purpose and the other The Residents' Guide.

This has been addressed. Two separate documents are now made available to residents

11. Best practice recommendations:

Research and explore the availability of wound care advice to the centre.

This has been addressed. The person in charge has made contact with the HSE's wound care specialist services who has agreed to provide consultation if required. There were no pressure sores at the time of inspection. Two residents considered at risk are using pressure relieving equipment and are being monitored.

Closing the visit

At the close of the inspection visit, a feedback meeting was held with the provider and the person in charge to report on the inspectors' findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Patricia Tully
 Inspector Manager
 Social Services Inspectorate
 Health Information and Quality Authority
 12 September 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
25 November 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
28 June 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
11 and 12 January 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
30 August 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Queen of Peace
Centre ID:	0379
Date of inspection:	30 August 2011
Date of response:	4 October 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect: There was no staff changing facilities.	
Action required: Provide suitable staff changing facilities.	
Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

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

Provider's response: A costing of work that needs to be carried out to provide staff with changing facilities is under negotiation. Work will commence within the next four months and will be completed in six months.	5-6 months
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<p>2.The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The practice of medication administration by registered nurses was not in accordance with An Bord Altranais Guidelines, <i>Guidance to Nurses on Medication Management</i> (July 2007), with regards to safe practice as follows:</p> <ul style="list-style-type: none"> There was no prescription available on-site for the medication – this was kept at the pharmacy. 	
<p>Action required:</p> <p>Put in place arrangements so that medication administration practices are within An Bord Altranais guidelines.</p>	
<p>Reference: Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
Provider's response: A copy of all prescriptions are kept on site.	Effective immediately

<p>3. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>To formally notify the chief Inspector using NF – 03 form of any serious injury to a resident within three days of the incident.</p>	
<p>Action required:</p> <p>Give notice to the Chief Inspector without delay of the occurrence in the designated centre of any serious injury to a resident using the correct NF – 03 forms.</p>	

Reference: Health Act, 2007 Regulation 36: Notification of Incidents Standard 29: Management Systems Standard 30: Quality Assurance and Continuous Improvement Standard 32: Register and Residents' Records	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All staff have been informed of the correct procedure to adhere to, and the allocated time frame, in order to ensure that the Chief Inspector is notified of any serious injury that may occur.	Immediate effect

4. The provider has failed to comply with a regulatory requirement in the following respect: Verbal complaints have not been documented in the centre's complaints log.	
Action required: Record all complaints and the results of any investigations into the matters complained about. Ensure these records are in addition to and distinct from a resident's individual care plan.	
Reference: Health Act, 2007 Regulation 39: Complaints Procedures Standard 6: Complaints	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All complaints are now fully documented in the centre's complaints log and investigated accordingly.	Immediate effect

Recommendations

These recommendations are taken from the best practice described in *the National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 3: Consent	<p>Provide an independent advocate to residents to assist them in making decisions.</p> <p>Provider's response: An independent advocate position is currently being negotiated and we are hoping to appoint someone as soon as possible.</p>
Standard 25: Physical Environment	<p>Provide a visitors room separate from the smoking room</p> <p>Provider's response: A visitors room is being designed for the centre and should be ready for use in the coming weeks.</p>
Standard 26: Health and Safety	<p>Make arrangements for a fire officer from the statutory fire authority to conduct a familiarisation visit.</p> <p>Provider's response: All relevant documentation has been submitted to the fire officer and we are awaiting a response.</p>
Standard 2: Consultation and Participation	<p>Continue to try and set up a residents committee</p> <p>Provider's response: We are in the process of establishing a residents committee and hope to have this underway in the near future.</p>

Any comments the provider may wish to make:

Provider's response:

Thank you for your thorough inspection of our centre.

Provider's name: Raffick G Mohidin

Date: 4 October 2011