

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Ave Maria Nursing Home
Centre ID:	0315
Centre address:	Tooreen Ballyhaunis, Co Mayo
Telephone number:	094-9639999
Fax number:	094-9639999
Email address:	info@avemarianursinghome.com
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Cummer Care Ltd
Person in charge:	Lorraine Roxby
Date of inspection:	9 May 2012
Time inspection took place:	Start: 14:15 hrs Completion: 18:45 hrs
Lead inspector:	Patricia Tully
Type of inspection:	<input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input type="checkbox"/> Regulatory Monitoring Visit Report

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 on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate 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
- for centres that have not previously been inspected within a specific timeframe, a one-day regulatory monitoring visit may be carried out to focus on key regulatory requirements.

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

Ave Maria Nursing Home is a single-storey building with accommodation for a maximum of 34 residents and offers long term, respite and convalescent care.

The front entrance opens into a foyer/reception area. A nurses' office is situated behind the reception desk. The residents choose to use the foyer as a sitting area where they feel it places them in the centre of the comings and goings of the centre and they can readily communicate with staff as they go about their business and visitors to the centre.

The bedroom accommodation comprises of 34 single rooms with en suite toilet wash-hand basin and level deck shower facilities. The building spans from the foyer area into five wings, four of which are resident accommodation and the fifth consists mainly of services including kitchen, dining room, staff accommodation, sluice room and laundry facilities. An assisted shower/toilet and bathroom/toilet are located within easy access of the dining room and foyer area.

Communal accommodation consists of a dining area, sitting room, an oratory and a multi-purpose room which is also used as a visitors' private area. Other areas include a treatment room, storage space, a kitchen and a staff changing room/sitting room. A secure garden is available for residents use. The centre's dog and cat are beloved pets to all the residents.

The grounds surrounding the centre are nicely landscaped and there are heritage pieces occasionally placed in the gardens such as cottage style cooking implements. There is ample car parking provided to the front of the centre. Accommodation is also available adjacent to the grounds for visitors who may have to travel long distances or from overseas.

Location

The centre is located on the N83 in a rural setting within walking distance of the village of Tooreen. It is situated seven kilometres north of Ballyhaunis and ten kilometers from Knock International Airport.

Date centre was first established:	20 December 2003
Number of residents on the date of inspection:	23
Number of vacancies on the date of inspection:	11

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	11	8	4

Management structure

The Provider is Cummer Care Ltd. The designated person on behalf of the company is Ann Feeney. Anne and Tommy Feeney who own the company are both in attendance in the centre on a daily basis and both play a key role in the operation of the centre. Anne also works as a part time chef. The Person in Charge is Lorraine Roxby who reports to the Providers. She is supported in her role by staff nurses, care assistants, housekeeping, catering and laundry staff. The staff nurses report to the Person in Charge. Care assistants, household, catering, laundry, maintenance and administration staff report to the nursing staff.

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 (16:00 hrs to 22:00 hrs)	2	1	2	0	1**

* Person in charge works until 17:00 hrs and was the nurse on duty until 16:00 hrs

** Provider

Background

This inspection report outlines the findings of an un-announced regulatory monitoring inspection which took place on the 9 May 2012. This was the fourth inspection of this centre by the Health Information and Quality Authority (the Authority). All published reports are available on the Authority's website and can be viewed at www.hiqa.ie.

The focus of this inspection was to monitor compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2009 (as amended) as part of the Authority's ongoing inspection programme and to check progress on any outstanding actions from the previous inspection on the 14 June 2011.

Areas that had previously been identified as requiring attention included cleaning facilities to ensure infection control and prevention, staff supervision and pre-admission assessments in resident's care plans.

Summary of findings from this inspection

The inspector reviewed the action plan attached to the report of the previous inspection which outlined six actions where improvements were required. The inspector found that five actions were completed and one action was partially addressed.

Improvements had been made in the area of provision of sanitising facilities and staff training. The provision of a cleaning room was partially addressed. The area not fully addressed and newly identified non compliance issues are detailed in the body of the report and associated actions required are outlined in the action plan at the end of this report.

Residents were complimentary of the care they received, commenting that the staff were very attentive, helpful and friendly. Staff were observed responding in a professional and courteous manner to residents' requests for assistance.

The Action Plan at the end of this report identifies areas where improvements are required to address issues of non compliance with 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*. These improvements include ensuring there is a comprehensive assessment of all potential risks in the centre and appropriate control measures specified and known to staff and to notify the Chief Inspector of significant events within the required timeframes.

Actions reviewed on inspection:

1. Action required from previous inspection:

Develop and implement a policy to inform staff on how to manage challenging behaviour in accordance with contemporary evidence-based practice.

Develop and implement an education programme which ensures that all staff has access to education and training on managing challenging behaviour.

This action was completed.

A review of staff training records and attendance sheets confirmed that staff had access to training. The person in charge (PIC) confirmed that all staff had received mandatory training in fire safety, and moving and handling as required by the legislation and in elder abuse prevention, recognition and reporting and in challenging behaviour.

2. Actions required from previous inspection:

Put systems in place to ensure that residents' needs are set out in an individual care plan developed and agreed with each resident.

Keep the resident's care plan under formal review in response to the resident's changing needs.

Provide a programme of education on care planning to provide staff with the skills and knowledge to complete holistic person-centred care plans for residents.

Review input of the carers in evaluating residents care and explore ways in which they can make a contribution in this process.

This action was completed.

There was evidence available of the involvement of the residents in the development and review of the care plans. The PIC confirmed that discussions had taken place with the resident and/or their significant other in relation to their care plan. Training in supervision with staff in relation to care planning was being implemented by the PIC. A named nurse and carer system is in operation which includes input from carers into the care plans.

3. Action required from previous inspection:

Install suitable sanitising facilities.

This action was completed.

A bed pan washer had been installed in the sluice room.

4. Action required from previous inspection:

Provide a cleaning room appropriate to the size of the centre for use by cleaning staff to store equipment, to prepare and to dispose of cleaning solutions.

This action was partially completed.

A cleaning cupboard had been provided. However, the cleaning trolley was inappropriately stored in the sluice room. This action is repeated in the action plan at the end of the report.

5. Action required from previous inspection:

Provide adequate supervision and training to ensure that recommended infection control and prevention procedures are adhered to at all times by all staff in the centre.

This action was completed.

Staff had attended infection control training using an e-learning module as described by the PIC and confirmed in staff training records reviewed.

6. Action required from previous inspection:

Prior to the admission of each resident complete a pre admission assessment and put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

This action was completed.

A care plan of a recent admission was reviewed by the inspector which included a pre assessment of the resident's history, dependencies and needs which had been incorporated into care plans.

Monitoring Compliance

Governance

Article 5: Statement of Purpose

The PIC and provider confirmed that no changes had been made to the statement of purpose.

Article 15: Person in Charge

There has been no change to the person in charge.

Article 16: Staffing

The person in charge was on duty on the day of inspection. The person in charge is on duty from 09:00 hrs to 16:30 hrs. A senior staff nurse deputises in her absence. A registered nurse is on duty at all times as evidenced by the roster reviewed by the inspector. A planned roster had not been maintained and the PIC undertook to address this in future.

A new staff member's file was reviewed and found to contain all required documents.

Article 23: Directory of Residents

The directory of residents reviewed by the inspector was up to date.

Article 31: Risk Management Procedures

A health and safety statement was available in the centre. The inspector found that practice in relation to the health and safety of residents and the management of risk was generally promoted the safety of residents, staff and visitors however the current risk register did not cover the identification and assessment of all risks throughout the designated centre and control measures in line with the Regulations. A number of risks were observed during this inspection which were highlighted to the provider. These included:

- handrails were not in place on the gradient leading into the secure garden
- fixed and level grab rails were not in place at all toilets and showers in line with Part M building regulations
- fire exits not alarmed during the day

- the cleaning trolley was inappropriately stored in the sluice room
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There was a visitors' sign-in book located at the entrance to the centre. This allowed the staff to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Inspectors observed visitors' daily signatures in the visitors' book.

While a risk register had been developed in the centre, all potential risks were not identified such as the risk of access to the secure garden area via a gradient that did not have handrails fitted.

Article 35: Review of Quality and Safety of Care and Quality of life

There was a system in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. However, there was no clear system in place to capture the reviews planned or undertaken of the quality and safety of care provided to residents and the quality of life of residents in the designated centre at appropriate intervals and any learning and changes implemented in response to findings had not been clearly documented. Some analysis of data collected had been carried out, however reports based on the analysis had not been compiled. A more comprehensive auditing system is required to ensure continuous improvement of the quality of service.

Article 36: Notification of Incidents

The person in charge was aware of her responsibility in relation to notification of incidents to the Authority. Notifications and quarterly returns of incidents have been received by the Chief Inspector of Social Services to comply with current legislation.

On review of the quarterly reports the inspector found a number of serious incidents which had been incorrectly reported in quarterly reports and should have been reported as three day notification of serious injuries.

Article 39: Complaints Procedures

In individual record with details of the complaint, action taken as a result of the complaint and the outcome was available. However, a log of all complaints was not maintained.

Resident Care

Article 9: Health Care

The inspector was satisfied that the healthcare needs of residents were met. One resident's file was reviewed which showed that a pre-admission assessment was completed by the person in charge to ensure the needs of the potential resident could be met and care plans were developed based on the assessed need.

Residents' physical and mental health was promoted through the provision of social contact and appropriate health promoting interventions such as a healthy diet, regular monitoring of weight, pulse and blood pressure and opportunities for exercise and meaningful engagement which is built into the daily life of the residents and includes activities such as gardening, pets, music and card playing.

The person in charge confirmed that there were no residents with flu like symptoms and all residents had been vaccinated. There were no residents with pressure ulcers on the day of the inspection.

A log was maintained of all incidents and events in the centre however the records showed that a record was not maintained of neurological observations post a fall.

Article 33: Ordering, Prescribing, Storing and Administration of Medicines

A centre-specific policy and procedures on ordering, prescribing, storing and administration of medicines were available in the centre. The drugs administration record was signed by the nurse on administration. A drug ordering form was completed on receipt of the drugs from the pharmacy. The GP reviewed every resident's medication three-monthly. There were no residents on medications that required special control measures on the day of the inspection. All medications no longer used were signed as discontinued by the medical practitioner.

There were some residents who had as required (PRN) medication prescribed however, the maximum dose in 24-hours was not recorded on the prescription sheet which is not in line with best practice guidelines. The prescription sheet did not identify the drug by colour and shape which requires review in the interest of preventing errors in medication administration.

Article 6: General Welfare and Protection

There was a policy on and procedures in place for the prevention, detection and response to abuse. All staff had received training on prevention, recognition and reporting of elder abuse. The person in charge was clear about her responsibilities' in relation to the reporting responsibility should a resident make an allegation of alleged abuse.

The person in charge had completed a satisfaction survey with the residents in relation to the overall service provision. A report had not been compiled. Residents spoken to

confirmed to the inspector that they felt safe in the centre. The Authority has received no notifications of any allegation, suspected or confirmed abuse of any resident.

Measures were in place to prevent accidents and facilitate residents' mobility, including non-slip floor covering in bathrooms and toilets. A photographic signs were fixed to doorways to direct residents.

A property log is maintained of each resident's property and an update sheet was available to record changes.

Twenty two contracts were in place and the PIC undertook to follow up an unreturned contract with the relative and to discuss with the resident concerned.

Article 20: Food and Nutrition

A varied menu was available to residents and personal choice was facilitated where possible. One resident was observed sitting in the dining room enjoying a glass of Guinness. Residents were complimentary of the meals they received. The mealtime was a relaxed and enjoyable experience for residents.

Environment

Article 19: Premises

The premises were well maintained. The centre was clean and the PIC told the inspector that a deep cleaning schedule was in operation. The rooms were personalised with the residents' personal belongings which created a homely atmosphere. The foyer was attractively furnished and created a pleasant area in which residents socialised.

Assistive equipment was available to support residents who had mobility difficulties and the inspector observed this in use. There was plenty of storage space available in wardrobes and bedside cabinets.

Laundry and sluicing facilities were adequate. A coded lock had been fitted to the laundry which was well arranged. The sluice room was clean, organised and had appropriate hand washing facilities. A new bedpan washer had been recently been installed. Clean clothes were found hanging in the sluice room which is not conducive to good hygiene practices.

The hot water in the ensembles was controlled by thermostats on the cylinders which does not maintain water in hot storage tanks above 60°C while being stored and distributed through the pipe work to outlet points above 50° for Legionella prevention while

ensuring a maximum temperature of 43° C at point of contact to prevent risk of scalds to residents.

Article 32: Fire Precautions and Records

Daily checks had been carried out on the fire exits. Fire exits were alarmed. However, the alarm had been turned off and the magnetic locks released so fire exit doors could be freely opened unnoticed on the day of the inspection to facilitate staff access to storage units via the fire exit to the rear of the centre. The provider undertook to discuss this practice with the alarm company.

There were regular fire drills in place. All staff had attended mandatory training as stated in the fire training records and signed staff attendance sheets.

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, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

Patricia Tully

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

8 June 2012

Chronology of previous HIQA inspections

Date of previous inspection	Type of inspection:
18 and 19 March 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
13 January 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
14 June 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Triggered Inspection <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Action Plan

Provider's response to inspection report *

Centre:	Ave Maria Nursing Home
Centre ID:	0315
Date of inspection:	9 May 2012
Date of response:	20 June 2012

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

There was no system in place to audit data collected and information from consultations with residents and their representatives in relation to reviewing the quality and safety of care provided to residents and the quality of life of residents in the designated centre at appropriate intervals; and improving the quality of care provided at, and the quality of life of residents in, the designated centre.

Action required:

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.

Action Required:	
Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.	
Reference: Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A system is now in place. Developing a regular news letter providing information has been discussed with residence.</p> <p>Any reports in respect of any reviews conducted by the registered provider for the purposes of Regulation 35(1) will be given to residents and discussed at residents meetings.</p>	<p>Completed</p> <p>29 June 2012 and ongoing</p>

2. The provider is failing to comply with a regulatory requirement in the following respect:	
To ensure that all complaints and the results of any investigations into the matters complained and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	
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 recorded in a separate file and a log book commenced to monitor actions.	Completed
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<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>To provide a comprehensive written risk management policy that all identifies all potential risks in the centre.</p>	
<p>Action Required:</p> <p>Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.</p>	
<p>Action Required:</p> <p>Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.</p>	
<p>Action Required:</p> <p>Provide handrails in circulation areas and grab-rails in bath, shower and toilet areas.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>We will review risk management policy with the aim of preventing accidents in our centre and grounds.</p> <p>Grab rails already exist in en-suites, shower and bath areas however handrails on the exterior of the building will be addressed.</p>	30 July 2012

4. The provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to provide a separate cleaning room appropriate to the size of the centre.

Action Required:

Ensure policies and procedures and practice are consistent with best practise guidelines on prevention of infection and ensure staff are aware of these guidelines.

Action required:

Make provision for the appropriate storage of cleaning equipment.

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:

Provider's response:

Phase 2 of building extension to include storage facility.

Ongoing

5. The provider is failing to comply with a regulatory requirement in the following respect:

To have appropriate and suitable practices and written operational policies relating to prescribing and administration of PRN medicines in place.

Action required:

Put in place appropriate and suitable practices and written operational policies relating to prescribing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Reference:

Health Act, 2007
 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
 Standard 14: Medication Management
 Standard 15: Medication Monitoring and Review

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Each resident has their own prescription.</p> <p>Medications are in original boxes with typed instructions.</p> <p>Discussions to be held with all GP's regarding all PRN medications. Spoke with An Bord Altrais and our pharmacist regarding the need for colour and description of medications with the use of this system.</p>	<p>30 August 2012</p>

6. The person in charge is failing to comply with a regulatory requirement in the following respect:

To maintain a planned rota separate to the actual rota.

Action required:

Maintain a planned and actual staff rota separately, showing staff on duty at any time during the day and night.

Reference:

Health Act 2007
 Regulation 16: Staffing
 Standard 23: Staffing Levels and Qualifications

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Planned and actual staff rotas in place.</p>	<p>Completed</p>

7. The provider is failing to comply with a regulatory requirement in the following respect:

To provide thermostatic control valves to ensure hot water is no greater than 43°C at the point of contact for residents.

Action required:	
Ensure the supply of piped hot incorporates thermostatic control valves or other suitable anti-scalding protection to the wash-hand basins in each bedroom.	
Reference:	
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Thermostat's already in place.	Completed

8. The person in charge is failing to comply with a regulatory requirement in the following respect:	
To give notice to the chief Inspector of serious injuries to residents within the required timeframes.	
Action Required:	
Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident.	
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:	
Notifications forwarded to the Chief Inspector.	Completed and ongoing

9. The provider is failing to comply with a regulatory requirement in the following respect:

To make adequate arrangements for containing and extinguishing fires including adherence with fire regulations in relation to the management of designated fire exit doors.

Action required:

Make adequate arrangements for containing and extinguishing fires including adherence with fire regulations in relation to the management of designated fire exit doors.

Reference:

Health Act, 2007
Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire precautions and records
Standard 26: Health and Safety

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

Timescale:

Provider's response:

All fire doors are alarmed except for the back door which staff use to access storage and waste units to the rear of the premises and the side door leading to the vegetable garden. Previous discussions with the fire officers regarding these two fire exits resulted in manual locks being fitted to these doors.

Complete

Magnetic locks which automatically release when the alarm is activate are in place on all other fire exits which will be checked daily to ensure that the locks are engaged and doors securely locked.

Ongoing

Any comments the provider may wish to make:

Provider's response:

None supplied

Provider's name: Anne Feeney

Date: 20 June 2012