

**Health Information and Quality Authority
Regulation Directorate**

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



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	Shalom Nursing Home
Centre ID:	0094
Centre address:	Presentation Convent
	Kilcock
	Co. Kildare
Telephone number:	01-6287285
Email address:	shalomnursinghome@gmail.com
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Presentation Sisters, Northern Province
Person authorised to act on behalf of the provider:	Éilis Carroll
Person in charge:	Marie Duke
Date of inspection:	28 May 2013
Time inspection took place:	Start: 10:05 hrs Completion: 16:10 hrs
Lead inspector:	Sheila Doyle
Support inspector(s):	N/A
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	28
Number of vacancies on the date of inspection:	5 plus one bed temporarily closed

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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of 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*.

This inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input checked="" type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Shalom Nursing Home was established in 1994 and has 34 places for retired religious sisters, providing residential and convalescent care.

Health and social care needs continued to be met to a high standard and there was evidence of safe medication practices. However, improvements were required to some aspects of the care planning process.

The provider and person in charge promoted the safety of residents. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of elder abuse. Appropriate fire procedures were in place and staff recruitment was in line with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The premises and grounds were fit for purpose and although not inspected against this time, discussion took place with the person in charge regarding the one multi-occupancy room. The person in charge confirmed that they were considering plans to address this before the 2015 deadline.

These are discussed further in the report and included in the Action Plan at the end of the 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 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Leadership, Governance and Management
Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1
There is a written statement of purpose that accurately describes the service 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.

References:
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

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

Inspection findings

The inspector was satisfied that the statement of purpose accurately described the service that was provided in the centre and met the requirements of Schedule 1 of

the Regulations. The statement was kept under review by the provider and was made available to residents on admission, and following review.

Outcome 2

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.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Action(s) required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

The inspector read a sample of completed contracts and saw that they met the requirements of the Regulations. They included details of the services to be provided and the fees to be charged which was identified as an area for improvement at the last inspection.

Outcome 3

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The post of person in charge was full time and held by a registered nurse with the required experience in the area of nursing older people. She had completed a Further Education and Training Awards Council (FETAC) level eight course in Gerontology and a certificate course in training. She attended numerous clinical courses such as restraint management and end of life care.

The person in charge's knowledge of the Regulations and the *National Quality Standards for Residential Care Settings for Older People in Ireland* and her statutory responsibilities was sufficiently demonstrated during the inspection. All documentation requested by the inspector was readily available.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that measures were in place to protect residents from being harmed or abused.

Staff had received training on identifying and responding to elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. 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. There had been no allegations of abuse in the centre.

Residents' monies were managed outside the centre by the Presentation Order.

Outcome 7

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Standard 26: Health and Safety

Standard 29: Management Systems

Action(s) required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

The inspector found that practice in relation to the health and safety of residents and the management of risk promoted the safety of residents, staff and visitors.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on such areas as waste management. A risk management policy was in place and met the requirements of the Regulations. The inspector saw that recently a risk was identified with the lift doors closing before some of the residents were able to safely enter or exit the lift. This had been addressed and the inspector read the notices informing the residents of the new delayed procedure for the closing of the doors.

The inspector was satisfied that thorough fire precautions were in place. Fire procedures were prominently displayed throughout the centre. Service records showed that the emergency lighting and fire alarm system was serviced on a three-monthly basis and fire equipment was serviced annually. The inspector noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. The fire alarm system was serviced and in working order. The inspector read the fire register which showed records of daily inspections of the fire alarm and extinguishers and lighting systems. There was also a weekly fire alarm and door closure test. Frequent fire drills were carried out. Staff had received training and those spoken with were knowledgeable of the procedure to follow in the event of a fire.

An emergency response plan was in place which identified what to do in the event of fire, flood, loss of power or heat and any other possible emergency. The inspector noted that emergency boxes had been prepared which included items such as torches and space blankets. Action cards had been developed which outlined each staff member's responsibility should a major emergency arise. Alternative accommodation for residents was available if evacuation was necessary.

All staff had attended the mandatory training in moving and handling, an area identified for improvement at the previous inspection. This training had included the use of hoists and slings and the inspector saw staff using this equipment appropriately.

The environment was kept clean and was well maintained and there were measures in place to control and prevent infection. The person in charge had prioritised this area for training and training records confirmed this. Staff spoken with were knowledgeable. Staff had access to supplies of latex gloves and disposable aprons

and they were observed using the alcohol hand gels which were available throughout the centre.

Outcome 8

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

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector was satisfied that each resident was protected by the designated centres' policies and procedures for medication management.

A comprehensive policy was in place which guided practice. The inspector read 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.

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 the balances and found them to be correct.

The inspector noted that the temperatures of the medication fridge which was locked and in a locked room were recorded daily and were within accepted limits. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

Staff nurses had undertaken medication management training and the inspector saw that further training was planned for 2013. Additional advice was available through the pharmacy services.

Outcome 9

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

References:

Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector were satisfied that a record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

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

The inspector read the incident log and saw that all relevant details of each incident were recorded together with actions taken. The person in charge had developed a monitoring system and all incidents were analysed for the purposes of learning.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review

Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

The actions required from the previous inspection were satisfactorily implemented.

Inspection findings

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. However, further work was required to the care plan documentation to ensure that each resident's assessed needs were set out in an individual care plan.

The inspector was concerned that the deficits in the care planning documentation could impact on the continuity of care. Although there was evidence of good practice, this was not reflected in some of the care plans. For example, the inspector reviewed the procedures in place for responding to behaviours that challenged. Training had been provided to all staff and there was a policy in place which provided guidance to staff. The inspector reviewed residents' files and noted that although a behaviour log was maintained, triggers or possible interventions had not been identified. An individual care plan was not in place. Staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached a resident with behaviour that challenged in a sensitive and appropriate manner and the resident responded positively to the techniques used by staff. Staff spoken with were clear on the triggers and interventions. The inspector saw that additional support and advice were available to staff from the psychiatry services.

The inspector read a care plan of a resident who had a wound and noted that there were adequate records of assessment and appropriate plans in place to manage the wound. A policy was in place and was used to guide practice. In addition, the inspector saw where additional advice and support was available from outside services if required. Training was also provided for staff when needed.

The inspector read the care plans of residents who had fallen and saw that risk assessments were undertaken and an action plan was devised. This included review of medications. A colour coding system was in use to indicate the level of risk for each resident. The person in charge closely monitored the incidence of falls which were analysed and trends identified.

Weight records were examined which 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 monthly basis. Inspectors reviewed residents' records and saw where residents were reassessed if they had lost weight. Records showed that some residents had been referred for dietetic review. The treatment plan for the residents was recorded in the residents' files. Medication

records showed that supplements were prescribed by a doctor and administered appropriately.

Ongoing improvements were evident around the use of restraint which was identified as an area for improvement at the previous inspection. Staff had attended specific training on restraint management. The inspector noted that appropriate risk assessments had been undertaken and there was evidence that alternatives had been considered. Two hourly checks were completed when bedrails were in use. There were no lap belts in use. A policy was in place to guide practice. In addition, equipment such as sensor alarms and crash mats had been purchased to reduce the need for bedrails.

General practitioner (GP) services were provided and residents had access to a range of multidisciplinary services. Physiotherapy, occupational therapy (OT) and speech and language therapy (SALT) was by referral to the local hospitals or privately. The dietician also attended residents on a referral basis. Chiropody, dental and optical services were provided locally or in house if required. While reviewing residents' files the inspector noted the input of the various services who recorded their review and treatment plans for each resident.

An activity coordinator had been employed in the centre on a part-time basis and other staff were given specific duties to provide additional activities on a daily basis. Residents confirmed that they were provided with an extensive range of things to do during the day. A schedule of activities was available and the inspector saw notices outlining the day's events in the communal areas. Religious ceremonies were important to residents and formed a large part of the day. In addition the inspector noted that mass which was held on a daily basis was available through video link to residents who stayed in their room. Residents who were confused or who had dementia-related conditions were encouraged to participate in the activities. The person in charge had ensured that these residents were provided with opportunities for personal growth and were included in the daily life of the centre.

An 'Indian afternoon' was underway on the day of inspection. A staff member was due to go to India to undertake some voluntary work and the residents and staff had chosen to do some fundraising activities. The inspector joined the residents, relatives and staff during the event and saw that all residents were included. A resident who had previously worked in India was telling her story. Indian food was served and one staff member had dressed in traditional clothes and was showing all present how to wear this.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Action(s) required from previous inspection:

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

Inspection findings

The complaint's policy was in place and the inspector noted that it met the requirements of the Regulations. The complaints policy was on display throughout the centre. Residents, relatives and staff who spoke with the inspector knew the procedure if they wished to make a complaint.

Complaints and feedback from residents were viewed positively by the provider and the person in charge and informed service improvements. A complaints log was maintained and the inspector saw that it contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome.

A nominated person with a monitoring role had been identified since the previous inspection. The inspector saw that this person carried out three-monthly audits of complaints to ensure they were appropriately responded to and records were maintained.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment

Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action(s) required from previous inspection:

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

Inspection findings

There was evidence of safe staff recruitment practices and the inspector were satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents.

There was a recruitment policy in place which met the requirements of the Regulations. Staff files were examined and the inspector noted that all relevant documents were present. A checking system had been introduced to ensure that all documents required were in place.

Staff turnover was very low and most of the staff had worked in the centre for a number of years. They were knowledgeable about residents, had established a good relationship with them and the inspector saw them responding to residents' needs in an informed way. Staff were clear about their roles and responsibilities and were able to explain these to the inspector.

Formal induction arrangements for newly employed staff were in place and a recently appointed staff member confirmed that she had undertaken this process. The person in charge told the inspector that she undertook staff reviews on a yearly basis and used the information to determine educational requirements and areas of specific interest to staff. The inspector read completed copies of these.

The inspector confirmed that up-to-date registration numbers were in place for nursing staff.

Several outsourced service providers and volunteers including the Community Sisters attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role and had their roles and responsibilities set out in a written agreement as required by the Regulations.

The person in charge and provider promoted professional development for staff and was committed to providing ongoing training to staff. Training records showed that extensive training had been undertaken in 2012 and staff spoken with confirmed this. This included training on infection control, use of restraint and medication management. The inspector read the training plan for 2013 which included additional training on behaviours that challenge and restraint.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge and the administrator to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

29 May 2013

**Health Information and Quality Authority
Regulation Directorate**

Action Plan



Provider's response to inspection report *

Centre Name:	Shalom Nursing Home
Centre ID:	0094
Date of inspection:	28 May 2013
Date of response:	12 June 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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*.

Theme: Effective care and support

Outcome 11: Health and social care needs

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

Some care plans did not set out all the residents' needs.

Action required:

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

Reference:

Health Act, 2007
Regulation 8: Assessment and Care Plan
Standard 3: Consent
Standard 10: Assessment

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

Standard 11: The Resident's Care Plan
Standard 17: Autonomy and Independence

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

Timescale:

Provider's response:

Care Plans and Behaviour Logs have been reviewed. Individual triggers and interventions are in place where applicable. All other care plans have been expanded where appropriate. We will continue to audit care plans to insure that care plans reflect the residents needs.

10 June 2013