

**Health Information and Quality Authority
Social Services Inspectorate**

**Inspection report
Designated centres for older people**



Centre name:	Stella Maris Nursing Home
Centre ID:	0105
Centre address:	Baylough
	Athlone, Co. Westmeath
Telephone number:	0906-492162
Email address:	stellamaris1@eircom.net
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Clare McNally
Person authorised to act on behalf of the provider:	Clare McNally
Person in charge:	Clare McNally
Date of inspection:	29 April 2013
Time inspection took place:	Start: 12:50 hrs Completion: 15:35 hrs
Lead inspector:	Geraldine Jolley
Support inspector:	N/A
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	5

About monitoring of compliance

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

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

Regulation has two aspects:

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

Summary of compliance with 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 to:

- follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- address a specific issue based on information received.

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

Outcome 1: Statement of Purpose	<input type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input 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 checked="" type="checkbox"/>
Outcome 5: Absence of the person in charge	<input checked="" type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input type="checkbox"/>
Outcome 8: Medication Management	<input type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input checked="" 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 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 checked="" 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. During the inspection the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, daily progress notes, staff rotas, the risk management procedures and undertook a partial inspection of the premises. There were nine outcome reviewed. Two outcomes - records to be maintained and premises were partially inspected.

The purpose of this inspection was to review staffing levels to ensure that adequate staff were available to meet the needs of residents as the person in charge was away due to maternity leave and the clinical nurse manager had left for another post. The Authority had been advised of these changes. The inspector found that there were appropriate numbers of staff in a skill mix that met the needs of residents and current occupancy. New staff nurses had been recruited and while some were working on a part-time basis the person in charge felt the arrangements were

satisfactory as she worked throughout the week which provided continuity of care and appropriate handover of information at each shift change.

Most residents were having lunch in the dining room. Some had chosen to have their meals in other areas such as their room or in one of the sitting rooms. A resident told the inspector that he had been admitted for a short time to aid his recovery following a fall. He said the centre was comfortable, that he enjoyed meals and that staff "had been very kind helping him to get on his feet again".

The centre was noted to be clean and well organised. Areas noted for attention during the last inspection such as storage in hallways had been addressed.

The inspector noted that all areas were appropriately supervised by staff and that staff appropriately assisted residents who needed support to eat. The inspector noted that staff deployment met the needs of the resident group accommodated. There were care plans and monitoring arrangements for residents who had problems such as fluctuating weights or changes in mood patterns. There was a social care programme that provided a variety of activity and local community events that may be of interest to residents were known to staff for example events relating to the Bealtaine festival in May.

The inspector was satisfied that the needs of the resident group were met and that the premises were in an appropriate safe condition. The person in charge was familiar with the specific needs of residents and the personal choices they made about how they wished to spend time in the centre. She had plans in place to monitor and review residents whose care needs changed frequently. She demonstrated good awareness of the legislation and standards and was keen to ensure a high level of compliance with statutory obligations. The action plan from the last inspection was reviewed. There were 8 actions outlined for attention. Six actions were complete, one action relating to the review of residents care needs was not reviewed during this inspection and another action outline the need to review of the quality and safety of care and quality of life of residents was partially complete.

The Action Plan at the end of this report identifies mandatory improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The inspector has included an action in relation to premises as the centre has three communal bedrooms that accommodate three residents.

Outcomes covered on inspection

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 3: Suitable Person in Charge

The provider/person in charge was on extended leave and had been replaced by her deputy Áine Moran. Áine was noted to be very active in the day to day operation of the centre. She undertook nursing duties and had allocated time for her management responsibilities. There had been some staff changes as the clinical nurse manager had left and while she had recruited replacement nurses she continued to monitor the qualified staff component of the team as many nurses worked on a part-time basis. The care staff team was generally stable.

There were systems in place for supervising staff and a system for regular staff meetings.

Outcome 4 : Records

The directory of residents was inspected and was found to be up to date with all the required details recorded.

The registration certificate was noted to be prominently displayed in the reception area.

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 7: Health and Safety and Risk Management

The areas of the building viewed by the inspector were clean and well maintained and no risk or hazards were identified.

The fire fighting equipment was noted to have been serviced in January 2013 and all fire escape routes and exits were noted to be unobstructed.

Outcome 9: Notification of Incidents

The required notifications had been supplied to the Authority.

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: Health and Social Care Needs

This outcome was not fully reviewed. The inspector did review dependency levels in the context of staff deployment and clinical matters such as residents with weight loss. There were no pressure area problems in receipt of attention. There was one long-term wound care matter that required a dressing. This was stable the inspector was told.

There were 22 residents accommodated during the inspection. Four residents were in the low and medium care categories. Ten residents had been assessed as having high care needs and the remaining four residents had maximum care needs. There were three residents under the age of 70. One resident was admitted for rehabilitation following a fall and there was a plan in place to encourage his mobility and independence. This included regular input from physiotherapist and a programme of exercises was being undertaken with encouragement from staff. Improvements had been noted and documented.

There were four residents where fluctuating weight had been identified in their care assessments. Advice had been sought from a dietician. Some residents had access to a dietician from the HSE as they had access to this service prior to admission here. However, the person in charge said that private arrangements have to be made for most residents as this service is not readily accessible locally. One resident was recorded as having a particularly low weight. There was a plan in place to address this and it included information from the dietician. The plan included regular monitoring of food and fluid intake and enriched fluids. The records were noted to be complete and provided a good overview of food and liquid intake throughout the day. This was having a positive benefit and the outcome was improving according to records viewed and a report from the person in charge.

A record of residents and staff who had the influenza vaccine had been maintained. Education had been provided to ensure that everyone had up to date information the inspector was told.

Outcome 12: Safe and Suitable Premises

The centre was warm, visibly clean and conveyed a home like atmosphere. The communal areas had a range of seating to suit the needs of residents. The premises have been converted and modified over the years to ensure that facilities appropriately meet residents needs. The centre has six single bedrooms, five of which have en suite toilet facilities. There are seven twin bedrooms - four of which have en suite toilets and hand washing facilities. There are also two further bedrooms that accommodate three residents each. These rooms do not have ensuite facilities. Bedroom areas were personalised with residents photographs, ornaments and other personal items on display.

There are two sitting rooms, a dining room and a small smoking area located on the ground floor. A visitors' room is located on the first floor. The centre is located on an enclosed site and has a small garden and an area of decking to the rear where residents can sit out, weather permitting. There is lift access from the ground to the first floor.

Bathrooms, toilets and wash-hand basins were noted to be clean with supplies of soap, hand gels and towels readily available. There was also an accessible supply of personal protective equipment for staff. Furniture was also noted to be clean and in good condition.

The inspector noted that most residents used the dining room at lunch time and there was a lively atmosphere here with staff and residents engaged in conversation. Staff were noted to assist residents who needed help at meal times and to be available in the dining room throughout the lunch time period.

The inspector has included an action plan in this report requesting an update on how the standards in relation to premises in particular the communal use of bedrooms will be met in the future.

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 16: Residents' Rights, Dignity and Consultation

Two residents told the inspector that staff treated them well and said they felt better since they had come in to the centre. They said they were able to spend their time as they wished. They took part in regular activities and said there was always something interesting to do including some cooking and baking. They also said that staff were helpful if they needed shopping outside of times when relatives visited. There were no restrictions on when they had visitors or when they went to bed or got up and they said the home was a relaxed and friendly place to live. The inspector received no adverse comments.

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: Suitable Staffing

The purpose of this inspection was to assess that appropriate staffing was in place during the absence of the person in charge and following the departure of the clinical nurse manager. The inspector was supplied with a copy of the duty rota. This indicated that there was a nurse on duty with three carers during the morning period. In the afternoon there was a nurse on duty with two carers and the activity coordinator. In addition the person in charge was on during the week including one long day from 8am to 8pm. During the late evening and early night until 10 pm there was a nurse and two carers on duty. From 10 pm until 8 am there was a nurse and a carer on duty. In addition there were maintenance staff two days a week and an activity coordinator four days a week.

The person in charge said that recruitment of nurses for substantive hours had been a problem. There were a number of nurses on the rota who worked on a part-time single shift basis only. She said that she provided continuity as she was available throughout the week and ensured that all staff had up to date information on residents care. The inspector concluded that the current arrangements were appropriate to meet the needs of the number of residents accommodated and the dependency levels that were in evidence. The person in charge said that she was keeping the situation under regular review.

Actions reviewed on inspection:**Theme: Governance, Leadership and Management*****Outcome 4: Records and documentation to be kept at a designated centre*****Action required from previous inspection:**

Complete, and maintain in a safe and accessible place, an adequate nursing record of each resident's health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines.

This action was complete.

The inspector reviewed two care records and daily progress notes. It was found that comments had been made on residents physical care needs, how these were addressed and the social activities they had taken part in and their emotional health. The progress of a residents who was increasing his mobility was outlined regularly

with comments on the future plans that would need to be made if his progress continued.

Outcome 7: Health and safety and risk management

Action required from previous inspection:

Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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.

This action was complete.

The inspector reviewed falls records and saw that neurological observations were now included in the set of observations maintained following falls to ensure risk factors should as altered consciousness could be detected expediently. There was a pen torch supplied to nurses to maintain these observations.

Other clinical risks should as vulnerability to falls or pressure area problems had been added to the risk register and were discussed at staff meetings according to the person in charge.

Other risks that were identified during the last inspection included the storage of items in the hall outside the smoking room and congestion in the sitting area. Both these matters had been addressed. Items stored outside the smoking area had been put away tidily. Both sitting areas were in use and there was plenty of space for residents to move around in comfort and use their walking aids or wheelchairs safely.

Theme: Effective care and support

Outcome 10: Reviewing and improving the quality and safety of care

Action required from previous inspection:

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.

This action was in progress.

The inspector was provided with a report that had been completed by the acting person in charge which provided an overview of the audits of care practice that were regularly completed. This report described the use of restraint, incidents of falls, the management of clinical risk areas such as fluctuating weight, vulnerability to pressure

area problems, the use of psychotropic drugs and the assessment of pain. The report needed further development to meet the requirements of Regulation 35 as it did not include information on the changes made in response to trends identified in audits and it did not include any feedback or consultation with residents or relatives on their experience of the services provided.

Outcome 11: Health and social care needs

Action required from previous inspection:

Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances as and no less frequent than at three-monthly intervals.

Revise each resident's care plan, after consultation with him/her.

These actions were not fully reviewed and are included in this report to enable the person in charge to provide an update to the Authority.

The inspector saw that where changes in health care were evident that medical advice was sought promptly and that residents views were taken in to account when care was being planned. For example, a resident wishes to spend most of his time in his room and this is accommodated and a change in medication requested was promptly addressed.

Outcome 17: Residents' clothing and personal property and possessions

Action required from previous inspection:

Maintain an up to date record of each resident's personal property that is signed by the resident.

This action was complete.

The system for recording residents property was been revised. The inspector saw that records of property and possessions were updated by carers when new items were brought in to the centre. Items of clothing were also marked by carers to ensure accurate identification and return to the resident when items were laundered.

Report compiled by:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

10 May 2013

Provider's response to inspection report *

Centre Name:	Stella Maris Nursing Home
Centre ID:	0105
Date of inspection:	29 April 2013
Date of response:	27 May 2013

Requirements

These requirements set out the actions that must be taken to meet 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*.

Theme: Effective care and support

Outcome 10: Reviewing and improving the quality and safety of care

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

There were systems in place to review aspects of the quality and safety of care and quality of life of residents and a report as described in Regulation 35 had been compiled. However, the format did not include aspects such as improvements / changes made and did not include reference to consultations made with residents or their representatives.

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.

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

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:
Provider's response: We are in the process of expanding the initial review that was completed to include aspects from residents meeting etc that have been acted on.	30th June 2013

Outcome 11: Health and social care needs

The person in charge is failing to comply with a regulatory requirement in the following respect:	
The inspector noted that while assessments were recorded and reviewed regularly it was unclear in some cases how the review had been undertaken or if residents had been consulted as there was only a date and a signature to indicate that the review had been completed. In respect of decisions related to end of life care the reviews needed to be more comprehensive and convey fully the decision making process.	
Action required:	
Keep each resident's care plan under formal review as required by the resident's changing needs or circumstances as and no less frequent than at three-monthly intervals.	
Action required:	
Revise each resident's care plan, after consultation with him/her.	
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We are currently looking at the care plans and restructuring them to give clarity as to what occurred during the review process. Will rewrite the end of life care plans to expand on the decision making process.	16th June 2013

Outcome 12: Safe and suitable premises

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

There are three bedrooms that accommodate more than two residents which is not in accordance with the premises standards for designated centres.

Action required:

Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents and provide adequate private accommodation for residents in accordance with the *National Quality standards for Residential Care Settings for Older People in Ireland* within the timeframe allowed.

Action required:

Provide a plan to the Authority that describes how the provisions for space outlined in the standards will be provided within the required time scale.

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:

We are currently in discussions with the builder and the fire engineer as to how best approach the restructuring of the bedrooms that need their occupancy decreased.

December 2013
to have a
structured plan in
place