

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	An Teaghlach Uilinn
Centre ID:	ORG-0000309
Centre address:	Kilrainey, Moycullen, Galway.
Telephone number:	091 555 444
Email address:	info@uilinn.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Uilinn Nursing Home Limited
Provider Nominee:	Timothy Bohan
Person in charge:	Sini Varghese
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	Jackie Warren
Type of inspection	Unannounced
Number of residents on the date of inspection:	60
Number of vacancies on the date of inspection:	17

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with 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, the purpose of which was following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 10 June 2014 10:20 To: 10 June 2014 17:00

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

Outcome 03: Suitable Person in Charge
Outcome 11: Health and Social Care Needs
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over one day. The purpose of the inspection was to follow-up on information received to the authority in relation to continence care and hydration for residents.

Inspectors reviewed resident's care plans, policies and procedures in relation to resident's hydration and continence care management.

Inspectors spoke with staff to ascertain their knowledge of resident's health care needs in particular residents' requirements for fluids, continence management.

An interview was carried out with a newly appointed clinical nurse manager. Part of the interview focused on how they supervised staff to ensure resident's continence management and hydration needs were being met. The clinical nurse manager indicated that they had introduced new monitoring systems to ensure better practice in these health care areas.

Inspectors found compliance in the areas reviewed. Outcomes reviewed on the day of inspection are further discussed in the body 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.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge of the centre was Sini Varghese and she was on duty of the day of inspection.

The provider had recently appointed a CNM, Angeline Cooney-O'Neill. She was on a scheduled day off the day of the unannounced inspection however, she made provisions to come to the centre to meet inspectors at short notice.

Inspectors had an interview with the clinical nurse manager. She demonstrated good knowledge of the health care needs of the residents in the centre She had worked in the centre since January 2014 and was promoted to the role of CNM in April 2014, prior to working in the centre she had worked for many years in care of the elderly and general nursing in the acute hospital setting.

Her responsibilities were for the supervision of staff working on both floors of the centre. She described how she supervised nursing staff for example, during medication administration and care staff while they engaged in continence management for residents.

She outlined some new practices she was introducing to enhance health care for residents in nutrition and hydration assessment and documentation and looking at ways to reduce the level of antibiotic usage for residents living in the centre by employing better health prevention and detection measures.

The CNM had also introduced auditing for a number of systems in the centre, for example medication administration and nutritional supplement ordering and supply. She indicated that she had good communication with the person in charge.

Judgement:

Compliant

Outcome 11: Health and Social Care Needs

Each residents 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 residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors did not review all aspects of this outcome on the day of inspection.

The person in charge informed inspectors on the day of inspection that they were in the process of transferring over to a different electronic care planning system. Staff working in the centre had received training in the new system and the final training session was due the Friday of the week of inspection. A plan was in place to implement touch pad screens throughout the centre to allow care staff and nursing staff enter details in relation to the care residents received ensuring that it is as up to date and as accurate as possible.

An inspector reviewed the centre's policy for meeting the nutrition and hydration needs of residents. This had been drafted in March 2014 by the person in charge. The new care planning system and policy were interlinked. The policy outlined how staff could closely assess the needs of residents using the new electronic care planning system.

It identified that a nutritional assessment should be completed within 48 hours of admission. Staff must observe for risk factors for malnutrition. Outlining signs of dehydration or risks for developing dehydration and steps to be taken once these symptoms are noted.

Residents with swallowing difficulties had been assessed by a speech and language therapist. Fluids were modified in consistency if required and in line with speech and language recommendations. Residents requiring modified consistency meals were also assessed by the speech and language therapist with diets prescribed to meet the resident's individual needs. Residents requiring modified consistency meals now received the same choice as residents on non-modified diets. This was an improvement to the menu in the centre since the last inspection.

Residents hydration and nutrition needs were assessed with monitoring charts. There had been recent improvement to these charts to ensure that more information was written in by staff. This provided more information to nursing and allied health professionals when reviewing these charts to ascertain if residents were receiving

enough fluids or may need some nutritional supplementation for example.

Care plans in place for residents requiring continence management were reviewed. Residents continence care needs were assessed. Residents requiring continence wear had such in line with their specific needs.

Care plans identified if the resident was at risk of developing urinary tract infections and identified strategies to prevent the same, for example encouraging plenty of fluids. Continence care was also documented to guide staff in implementing care practices suited to the needs of the resident, the length of time between changing of continence wear was indicated as per the resident's needs. Staff spoken with were knowledgeable of residents health care needs. This is further discussed under Outcome 18.

Judgement:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

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

Findings:

As this was a single issue inspection, inspectors focused on staff skill mix and supervision levels, knowledge of resident's health care needs and training to meet these needs. Staffing and skill mix on the day of inspection were appropriate to the needs of residents. Call bells were answered in a timely way and residents were well supervised in communal areas such as the day rooms and dining areas. Staff were supervised by an allocated CNM for each floor.

A nurse was on duty on each floor at all times. Inspectors spoke with staff in relation to resident's hydration, continence and health care needs. They demonstrated good knowledge of the hydration needs for residents in their care. Staff indicated that they would inform the nurse on duty or a nurse manager if they suspected a resident's health condition was deteriorating and demonstrated knowledge of signs and symptoms to monitor. Staff working in the centre had received continence care training in May 2014 and demonstrated a good understanding of how to prevent infection and implement good continence care and catheter care.

Judgement:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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