

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Colmcille's Nursing Home
Centre ID:	OSV-0005531
Centre address:	Oldcastle Road, Kells, Meath.
Telephone number:	046 924 9733
Email address:	stcolmcillesnh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Fáinleog Teoranta
Provider Nominee:	Pat Shanahan
Lead inspector:	Una Fitzgerald
Support inspector(s):	Leanne Crowe
Type of inspection	Unannounced
Number of residents on the date of inspection:	29
Number of vacancies on the date of inspection:	13

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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: 23 June 2017 07:00 To: 23 June 2017 20:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This was the centre's first inspection since the centre had recently been registered under a new provider. This unannounced inspection was triggered following receipt of unsolicited information by the Health Information and Quality Authority (HIQA) that outlined concerns in relation to the standards of care, staff communications, activities and new management change initiatives. This information was found to be partly substantiated and the findings are discussed throughout this report.

On arrival to the centre, inspectors met with the person in charge who was informed of the purpose of the inspection. During the inspection, inspectors spoke with residents and staff. Residents who spoke with inspectors expressed satisfaction with the services provided and were complimentary of the staff and the care they received.

Major non-compliance was found within Outcome 2 Governance and Management with evidence that the management arrangements were not sufficiently robust to assure the quality and safety of the service on a consistent basis. The ADON

(Assistant Director of Nursing) who had deputised in the absence of the person in charge had recently resigned and there were no current arrangements in place to cover the person in charge in her absence. The person in charge was responsible for two designated centres, with rosters indicating that her time in each centre alternated between two and three days per week in each centre. Inspectors were not satisfied that the current resources available to the person in charge were sufficient to ensure the effective delivery of care in accordance with the statement of purpose. There were gaps identified in the systems in place to review and monitor the care and outcomes for residents and these are discussed throughout the body of the report. The challenge of recruiting staff to meet the needs of the service was an on-going issue.

Other areas for improvement were needed with moderate non-compliances found across five of the 10 outcomes inspected. The findings and improvements required are discussed within the body of this report and set out in the action plan at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

A written statement of purpose had been submitted to HIQA prior to the inspection.

While it was found that, for the most part, the document contained all of the information required by schedule 1 of the regulations, however the statement required review to ensure it reflected the profile of residents and the care currently provided.

Additionally, the arrangements for the absence of the person in charge were incorrect as the person responsible for deputising in the person in charge's absence was no longer working in the centre. On the day of the inspection, no staff member had yet been nominated to deputise for the person in charge.

Judgment:

Substantially Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

This was the centre's first inspection under the new registered provider. There was a defined management structure that identified the lines of authority and accountability, and specified roles and responsibilities for the areas of care provision. Residents were familiar with the current management arrangements. The management structure within the centre had undergone significant change in the preceding six months.

A new person in charge was appointed in March 2017. The ADON (Assistant Director of Nursing) who had deputised in the absence of the person in charge had recently resigned and there were no current arrangements in place to cover the person in charge in her absence. The person in charge informed inspectors that they were actively recruiting for a replacement. The registered provider had responsibility for three designated centres. The person in charge was responsible for two centres and informed inspectors that she spent three days in St. Colmcille's Nursing Home and two days in another centre. The actual rosters evidenced the time is alternated between two days one week and three days the following week. The person in charge confirmed that the person nominated to represent the provider entity is available for consultation at all times. The inspectors were not assured that the person in charge had sufficient time to be fully engaged in the effective governance, operational management and administration of this centre due to the demand of her involvement and responsibilities across both sites, and based on the overall findings of this report across multiple outcomes. As there was no person acting in the absence of the person in charge, staff responsibility and accountability for practice and service delivery was unclear.

Inspectors found a significant issue around the lack of available hot water in the centre that was ongoing for a number of months. Hot water was not available from taps throughout the centre, an issue which had been assessed by a plumbing professional. Hot water could however be obtained from electric showers in communal bathrooms, resulting in staff using these to fill residents' basins and transport them to their rooms for personal care, or to fill mop buckets for cleaning. On the day of the inspection, an action plan provided to inspectors indicated that this issue required significant work and would not be completed until October/November 2017. This is discussed further in Outcome 12.

Inspectors were not satisfied that the centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. Inspectors found that working hours had been increased for some disciplines such as housekeeping and that the management had recently reviewed the allocated hours required across multiple disciplines to meet the needs of residents. However, there was evidence of reduced staffing levels in areas such as activity provision. The impact of this reduction is discussed further under outcome 16 Residents' Rights, Dignity and Consultation.

Residents' health care needs were met through timely access to medical treatment. The provider nominee had been in communication with HIQA on the long term plan for provision of care from a medical practitioner. From review of the minutes from management meetings, the centre is currently attempting to source a new general practitioner (GP) practice to accommodate any future residents. The person in charge confirmed to inspectors that no new residents will be admitted without a named GP.

Management systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored required further development. Inspectors reviewed the minutes from the last management meeting dated 12/04/2017. There was reference to the progress made on the most recent action plan under the previous provider entity. The inspectors also read the proposed weekly care quality indicator report that the person in charge had developed and has yet to be implemented. The audit schedule in place on the day of inspection included a mattress audit, call bell audit, stock list audit, falls audit and an audit of kitchen product usage. The person in charge clearly outlined to inspectors what the schedule will include once developed. For example, it was identified that audits are required in key areas such as resident care plans and infection control practices within the centre.

Assessments and clinical care did not consistently accord with evidence based practice. The care plans were incomplete and not maintained in accordance with the centre's policies or protocols as described. Inspectors concluded that the monitoring of practice and service delivered by staff was not sufficiently resourced to ensure the service provided was safe, appropriate and consistent. This is discussed further under outcome 11 'Health and Social care needs'.

The person in charge had commenced a review of all policies required under Schedule 5 of the regulations. There was evidence that progress had been made. For example, the medication management policies had been updated and compliance was found under this outcome.

Judgment:

Non Compliant - Major

Outcome 07: Safeguarding and Safety

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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. The person in charge and staff who spoke with inspectors

displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

The centre promoted a restraint free environment. Additional equipment such as low beds and crash mats were available. The restraint register had three residents on the current register. In one case the resident had requested the bedrails. Risk assessments had been completed. Consent was given by some residents where possible. A multidisciplinary approach was adopted to the management of restraints. However, there were some gaps in the documentation indicating that safety checks were completed when bed rails were in use. This was discussed with the person in charge who communicated to all staff the importance of documenting checks.

The centre had a policy on and procedures in place to support staff when working with residents who have responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff spoken with adopted a positive, person centered approach towards the management of responsive behaviours that challenge. The person in charge informed inspectors that among the current residents only one resident currently had responsive behaviours. All incidents were documented using an appropriate chart. Staff were familiar with the de-escalation techniques best adopted to manage responsive behaviour. The care plan was person centered and guided practice. Inspectors were satisfied that residents were provided with support that promoted a positive approach to responsive behaviours.

Small amounts of money were managed for some residents at their request. Inspectors were satisfied that this was managed in a safe and transparent way. Frequent checks of the balances were carried out to ensure that they were correct.

Judgment:

Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

The centre had policies and procedures relating to health and safety. The health and safety statement provided to inspectors for review was dated December 2016. The centre had a risk management policy that includes items set out in Regulation 26(1). The centre had a current risk register that identified areas of risk within the centre and the control measures in place to minimise any negative impact on residents.

Staff had access to personal protective equipment such as aprons and gloves, hand washing facilities and hand sanitisers on corridors. Staff were seen using these facilities between resident contact. Signs were on display to encourage visitors to use the hand sanitisers. The cleaning schedules reviewed on the doors of communal bathrooms had significant gaps in the recordings. The standard of cleanliness throughout the centre required review. This is discussed further under Outcome 12 Safe and suitable premises.

Suitable arrangements were in place in relation to promoting fire safety. The fire alarm system was serviced on a quarterly basis and fire safety equipment was serviced on an annual basis. Fire safety and response equipment was provided. Fire exits were identifiable by signage and exits were unobstructed to enable means of escape. Fire evacuation procedures were prominently displayed throughout the building. Some gaps were evident in the training records. Inspectors were informed that simulation drills were conducted which included resident involvement. However the detail of these records were not available on the day of inspection. Staff on duty had knowledge of the procedure to follow in the event of a fire.

During the inspection, the inspectors noted that some residents' bedroom doors were held open using door wedges which could prevent the fire door closing mechanism to work effectively. This was discussed with the person in charge and immediate action was taken. The inspectors were reassured that this practice will not reoccur and that this will be communicated to all staff.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The policies were under review and the person in charge was able to evidence that this body of work was in progress. Systems were in place for ordering, supply and dispensing methods. There were appropriate procedures for delivery and collection by the pharmacy, and checking, storage, return and disposal of medicines by nurses.

Audits of medication charts were carried out. The pharmacist had carried out monthly audits. The inspectors reviewed the findings for April and May of 2017. Areas of

improvement that were highlighted were actioned and closed out. Medication errors were minimal and they were reviewed and learning from incidents and reported errors informed improvements to protect residents.

The processes in place for the handling and checking of medicines received including controlled drugs were examined. Practices found and procedures described were in accordance with current professional guidelines and legislation. Due to the change in the nurse complement on duty the practice of two nurses counting controlled drugs, one from each shift, at each handover had discontinued. The person in charge gave reassurance that the practice will be discussed with the nursing team and will action immediately a nurse from each shift counting the controlled drugs.

Nursing staff were observed as they administered medications. Residents were unhurried and reminded of the purpose of the medicines administered. Prescription and administration records were maintained in accordance with the centre's policy and professional standards.

A system was in place for a regular prescription review by the resident's general practitioner (GP) and pharmacist.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that resident's wellbeing and welfare was maintained with access to nursing, medical and allied healthcare professionals. Residents had access to GP services. The person in charge confirmed that all current residents had a named GP. A full range of other healthcare services were available when required by referral including speech and language therapy (SALT), occupational therapy, dietetic services, physiotherapy, dental and optical services. Inspectors reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes. Inspectors noted evidence that residents and relatives were consulted regarding care plan reviews. This was recorded within the

communications sheet. However, gaps were identified in the assessment and care planning process, and in the daily progress documentation.

Inspectors examined a sample of care plans and reviewed the management of clinical issues such as falls management, wound management and end of life care. Care plans were not consistently developed to meet an assessed need or used to inform practice. For example, at morning handover staff were informed that a resident's wound was dressed every second day. On review of the file the instruction was that the wound was to be dressed twice weekly. There was gaps in the frequency of the wound dressing regimes and there was no care plan in place to guide staff.

The person in charge informed inspectors that the centre planned to implement an electronic care plan system in the coming months and it is envisaged that this will ensure consistency in the templates used. Currently the documentation templates are not consistent within files. The system was not clear to staff. For example, there was significant gaps identified within the half hourly checks of records for residents that are at high risk of absconsion. However, during conversations with staff the records are kept in multiple sites which enabled the inspectors to close out on some of the original gaps identified.

Overall, gaps in records were found in relation to reporting of clinical observations and the monitoring of relevant information known following a significant change in a resident's condition. For example, a resident that was reviewed in April 2017 for end of life care did not have a care plan that reflected this change. The importance of addressing the gaps identified in care plans was discussed with the person in charge. Reassurance was given to the inspectors that all care plans will be updated to ensure that all care plans guide care.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Inspectors formed the judgment that significant work was required to ensure that the

design and layout of the premises meets the assessed needs of residents and promotes their dignity, independence and wellbeing.

On examination of the bathrooms there was insufficient hot water in the taps, therefore, the opportunity to avail of bath facilities was limited. Staff confirmed that hot water was unavailable throughout the centre, resulting in staff using the electric shower in communal bathrooms to fill residents' basins and transport to their rooms for personal care. A member of cleaning staff were observed by inspectors using one of the electric showers in residents' bathrooms to source hot water to fill mop buckets. This arrangement was insufficient and inappropriate. An action plan received by inspectors stated that a plumber had assessed the issues and confirmed that major works were required. Dates for the completion of these works is October/November 2017. The lack of available hot water had been identified on the last inspection in January 2017 when the previous provider entity was managing the centre and this remained a significant issue for the current provider.

The person in charge demonstrated that some maintenance and refurbishment works had been carried out since the registered provider took ownership of the centre, and further work was ongoing. Eight new mattresses were purchased to replace older equipment. A maintenance person had been hired to work three days per week in the centre and had commenced a painting schedule of various communal rooms and bedrooms. Some work had also been completed in relation to the exterior areas of the centre. A maintenance log was available in the centre, which staff used to report issues to maintenance staff such as broken equipment. This was also used by maintenance staff to record what issues had been remedied.

However, deficiencies in the overall maintenance and cleanliness of the centre were noted by inspectors. Scuff marks and damage to doorframes and walls were apparent along corridors and in toilets and shower rooms. Repair of bathroom tiles and masonry/wall filling appeared unfinished in parts. Additionally, floors of a number of toilets and shower rooms were visibly unclean, particularly at the floor edges. Inspectors were informed that the number of hours allocated to cleaning staff had recently increased, with cleaning duties now being carried out seven days a week. A cleaning schedule was in place, however some gaps in the completed documentation was noted.

Lack of storage space had been identified as an issue by the person in charge, and some efforts had been made to remedy this. A dedicated store room was being used for assistive equipment, but inspectors found on the day of the inspection that four commodes were being stored in one shower room and two commodes and a specialist chair were stored in a second shower room. This did not promote good infection control practices. A number of storage presses containing linen and towels were placed at various locations throughout the centre.

The centre contained a number of communal spaces for residents including a dining room and sitting room. Comfortable seating was also available in the reception area, and a number of residents were observed sitting here throughout the day. A visitors' room offered a quieter space for residents, and the person in charge informed inspectors that a room had just been redecorated and converted to hold activities. The sitting room opened out to a spacious enclosed garden. Equipment to ensure residents could avail of

shaded areas within the garden was required, and the person in charge explained to inspectors that several gazebos were expected to be delivered in the days following the inspection.

Residents were accommodated in an assortment of 21 single bedrooms and eight twin bedrooms. Five of the single bedrooms contained ensuite facilities. Bedrooms were found to meet the individual needs of the residents currently being accommodated in the centre, and inspectors observed that some residents' rooms had been decorated with their own personal possessions. Work in relation to the layout and screening equipment in one twin bedroom to promote residents' privacy and dignity was ongoing at the time of the inspection.

Handrails were available on both sides of corridors were possible to support residents' movement throughout the centre and grab rails were installed in most shower rooms and toilets.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

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.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

There was a policy and procedure in place for the management of complaints. However the policy and procedure required review to ensure that it reflected the recent change of registered provider, particularly in relation to the persons nominated to deal with appeals and to ensure that complaints were appropriately recorded and responded to.

There was a nominated person to deal with complaints. One complaint had been reported to the complaints officer in line with the complaints procedure, and was currently being investigated. The documentation completed to date demonstrated that the information required by the regulations was being recorded appropriately but inspectors acknowledged that some information could not be documented until the complaint had been closed out.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

While residents were facilitated to exercise choice and control over their lives, significant improvement was required to ensure that residents were given the opportunity to participate in meaningful activities in line with their interests and preferences.

A room dedicated to activities had recently been refurbished to allow smaller group activities to occur and to allow residents who were seated in the sitting room to opt out of participating if they so wished. Inspectors were informed that the roster for the two activity co-ordinators had recently been changed. One activity co-ordinator was now on duty on a daily basis from 10am until 3pm to complete the activities outlined in the schedule. From 3pm, care staff were responsible for carrying out activities in the evening. While one care staff member who spoke with inspectors confirmed that they had carried out activities while on duty in the evening, it could not be determined if this occurred every evening. Inspectors were informed that this was dependent on the availability of staff throughout the evening.

The activity schedule indicated that, on average, four activities took place per day. On the day of the inspection, morning papers were to be read, followed by board games. 'Exercise to music' was to take place in the afternoon from 12pm to 12.30pm, later followed by a birthday party for one of the residents. Inspectors observed that while the activity co-ordinator carried out some of the activities throughout the day, their ability to do so was compromised by their requirement to carry out additional care duties, such as dispensing drinks, assisting residents to drink and alerting care staff to assist residents with their care needs. Some residents had echoed this observation during a residents' meeting that took place in June 2017. In these minutes, it was also recorded that some residents did not feel that enough activities were being carried out throughout the day and that more outings were required. Some staff who spoke with inspectors also stated that they felt the current activity programme was insufficient. While the person in charge stated that other activities such as a breakfast club, knitting club, painting and cooking were held, and an outing had been planned for 14 July, further improvement is required to ensure that residents are activated throughout the day and evening, in line with their abilities, preferences and interests. A review of the role of activity co-ordinator was also required to ensure that their time is dedicated to activating and engaging residents.

Residents were supported to exercise choice over how they spent their day. While two residents were out of bed on the morning of the inspection, other residents were observed rising at later times, indicating that residents awoke according to their preferences. While residents could eat in the dining room if they so wished, inspectors observed some residents taking their breakfasts in their bedrooms, and other residents choosing to have lunch in a seating area at reception. Staff were seen to respect one resident's refusal to eat their lunch at the arranged time.

Inspectors observed all staff, including the person in charge, engaging with residents in a warm and respectful manner throughout the day. It was clear that staff were knowledgeable of residents' backgrounds and interests, for example, by addressing residents by their preferred name or speaking to them about their families or life history. Staff were seen to knock on residents' doors before entering their bedrooms, and requesting permission from residents before engaging in care tasks.

Residents who spoke with inspectors spoke positively about the centre, the staff and the care that they receive.

Residents were facilitated to exercise their civil, political and religious rights. The person in charge confirmed residents would be supported to vote if they so wished. A Eucharistic Minister visited frequently, and an oratory was available within the centre. Residents had access to a private telephone, and the person in charge informed inspectors that work was ongoing to increase the quality of broadband service that was currently available in the centre.

Links to the community were maintained where possible. Mass, broadcast on local radio, was played every Sunday. Residents informed inspectors that the local paper was delivered to the centre. A number of residents visit the nearby town, and the person in charge spoke about a number of residents that attend events like tea dances or a local social club.

Arrangements for visiting were in place, and no restrictions were placed on visiting. A visitors' room was available to facilitate visits in private, and offered a quiet space away from the main communal areas.

Judgment:

Non Compliant - Moderate

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that for the most part, on the day of the inspection the residents' assessed needs were met by staff with the appropriate skills and experience. However, as discussed in the previous outcomes in this report, various gaps were found in areas such as assessment and care planning, safety checks, cleanliness of the premises and overall governance and operational management of the centre, indicating that a review of staffing levels is required.

The person in charge informed inspectors that a new roster had been introduced since the new registered provider took ownership of the centre. The person in charge based staffing levels and skill mix on the assessed dependencies of the residents and discussed the challenges in maintaining staffing levels to meet the needs of residents. Shifts for nursing and care staff had been amended to predominantly run from 8am-8pm and 8pm-8am to improve continuity of care for residents. Cleaning whole time equivalents (WTE) had been increased, and a new maintenance person had been recruited. Additional administration hours had also been approved. Recruitment was ongoing to fill vacant posts, namely that of the assistant director of nursing and two nursing posts. However, while there was a nurse on duty at all times, the nursing staff complement reduced from two nurses to one nurse from 6pm to 8pm every evening. As discussed in Outcome 9, this resulted in a change of practice relating to the reviewing of controlled drugs which required improvement.

Vacant Assistant Director of Nursing (ADON) and nursing staff posts, while currently being recruited for, resulted in the required WTE being supplemented with staff from an external provider. According to rosters provided to inspectors, in the week following the inspection a total of 70 hours were allocated to such staff. It is acknowledged that these shifts were always rostered with another member of nursing staff that worked fulltime in the centre. However, inspectors were concerned that, due to this arrangement, continuity of care for residents could not be guaranteed. Furthermore, given the identified gaps in assessment and care planning documentation, staff that may not be familiar of residents' needs could not be adequately guided in delivering care.

Due to the constraints imposed on the person in charge, and the vacancy within the ADON role, inspectors were not satisfied that adequate supervision of staff was occurring. Despite being contactable if needed, there were a number of days each week where the person in charge could not be present in the nursing home. This impacted on their ability to appropriately supervise staff. The person in charge stated that while they had not conducted appraisals of staff to date, a schedule of appraisals was planned from September of this year.

A training matrix had been developed and this was provided to inspectors on the day of

the inspection. The majority of staff had received up-to-date mandatory training in fire safety, moving and handling practices and the prevention, detection and response to abuse. A number of staff had not received training to date in fire safety and the prevention, detection and response to abuse, but the person in charge confirmed that training was ongoing and would be remedied in the near future. Training had also been completed in end of life care, dementia care, cardiopulmonary resuscitation (CPR), falls management and infection control, amongst others.

There was an induction programme in place for all staff. This included a probationary period for six months where performance is reviewed at the end of this period.

There was an actual and planned rota in place, with all changes clearly indicated.

Inspectors reviewed a sample of staff files. While some gaps were identified, the person in charge stated that a review of this documentation would be carried out. All staff files examined contained evidence of An Garda Síochana vetting. The person in charge confirmed that all staff had been appropriately vetted.

Inspectors were provided with evidence of up-to-date professional registration for nursing staff. There were no volunteers currently operating in the centre at the time of the inspection.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

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

Report Compiled by:

Una Fitzgerald
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Colmcille's Nursing Home
Centre ID:	OSV-0005531
Date of inspection:	23/06/2017
Date of response:	24/07/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose did not reflect the current arrangements for the absence of the person in charge or the current profile of residents being cared for.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Residents in Designated Centres for Older People) Regulations 2013.

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

A statement of purpose has been prepared to reflect the current arrangements for the absence of the person in charge and the current profile of residents being cared for in the centre.

Proposed Timescale: 20/07/2017

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The inspectors were not assured that the person in charge had sufficient time to be fully engaged in the effective governance, operational management and administration of this centre due to the demand of her involvement and responsibilities across both sites, and based on the overall findings of this report across multiple outcomes.

2. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

The management structure of the centre has been reviewed.

The Person-in-Charge will now be dedicated full time to St Colmcille's nursing home.

A Clinical Nurse Manager (CNM) has been appointed and will deputise for the Person-in-charge in her absence.

Proposed Timescale: 24/07/2017

Theme:

Governance, Leadership and Management

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

Management systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored require further development. The person in charge identified that audits are required in key areas such as resident care plans and infection control practices within the centre.

3. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

monitored.

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

The Provider Nominee will introduce a suite of clinical audit tools to effectively monitor the care and service provided. Action plans will be developed based on non-compliances identified in order to improve the safety and quality of the service. The audit tools include, but are not limited to: Medicines Management, Clinical Documentation, Health & Safety, Health & Wellbeing, Effective & Safe Services and Leadership & Governance

Proposed Timescale: 31/08/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

There were gaps in records of safety checks undertaken when bed rails were in use.

4. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

The Person in Charge will review the care plans of all residents who require restraint to ensure that there are appropriate and timely safety checks and that these are consistently recorded and regularly reviewed.

Proposed Timescale: 31/07/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Inspectors were informed that simulation drills were conducted which included resident involvement. However the detail of these records were not available on the day of inspection.

5. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case

of fire.

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

The Person in Charge will schedule regular fire safety precautions, including evacuation drills, in accordance with the Authority's Guidance on Fire Compliance in Designated Centres published in 2015. Attendance records and evaluation of fire drills will be documented.

Proposed Timescale: 30/09/2017

Theme:

Safe care and support

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

During the inspection the inspectors noted that some residents' doors were held open using door wedges.

6. Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The Provider Nominee and Person in Charge will ensure that door wedges are not used to hold open any doors in the centre. An assessment will be undertaken of the rooms in the centre to determine whether there is a requirement for devices that will close doors automatically when the fire alarm is activated (Door guards); these devices will be fitted where this requirement is identified.

Proposed Timescale: 15/08/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Gaps in records were found in relation to reporting of clinical observations and the monitoring of relevant information known following a significant change in a resident's condition.

7. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

The Person in Charge will ensure that all assessments and care plans are formally reviewed at intervals not exceeding 4 months and after any change in the resident's care needs, in consultation with the resident and the family, where appropriate.

Proposed Timescale: 30/09/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

There was insufficient water for residents' and staff use. Staff were required to use hot water from the showers for personal care or for cleaning purposes.

Further work was required to ensure that the centre is suitably decorated and in a good state of repair, particularly in relation to the conditions of walls and flooring in parts of the building.

The level of cleanliness in parts of the building required improvement.

8. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

A significant upgrade of the hot water system has commenced to provide constant supply to residents and staff. This will be completed by 02/08/2017.

As part of an overall strategy for repairs and upgrades in the centre, a plan is being put in place to repair/replace all damaged doorframes and flooring. A painting programme is being implemented to improve the appearance of noted areas. 30/09/2017

The Person in Charge will ensure that the cleaning schedule is adhered to and that all areas of the centre are maintained to a high standard of cleanliness. 24/07/2017

Proposed Timescale: 30/09/2017

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The complaints policy required review to confirm that a person had been nominated to ensure that complaints were appropriately recorded and responded to.

9. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

The complaints policy will be reviewed to confirm that an appropriate person has been nominated to be responsible for the appropriate and timely recording and response to complaints received in the centre.

Proposed Timescale: 31/07/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The role of the activity co-ordinator required review to ensure that they can dedicate their time to providing activities for residents.

Improvement to the activity programme was required to ensure that residents are given the opportunity to participate in activities in accordance with their preferences, interests and capabilities, including evenings.

10. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

The role of the Activities Coordinator will be reviewed to ensure that meaningful activities will be provided for residents, based on their assessed care needs, interests and preferences.

The activity programme will be improved to ensure that residents have an opportunity to participate in a range of individual or group activities, according to their interests and preferences.

Proposed Timescale: 30/09/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

All staff were not updated on mandatory training in fire safety and the prevention, detection and response to abuse.

Current resources did not ensure that all staff could be appropriately supervised.

11. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

All staff have received mandatory training in fire safety and safeguarding of residents.

The Person in Charge and CNM will ensure that all staff are appropriately supervised and supported in the centre.

Proposed Timescale: 31/07/2017