

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Eunan's Nursing and Convalescent Home
Centre ID:	ORG-0000392
Centre address:	Rough Park, Ramelton Road, Letterkenny, Donegal.
Telephone number:	074 910 3860
Email address:	steunansnh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	St. Eunan's Nursing and Convalescent Home Limited
Provider Nominee:	Marie Fitzpatrick
Person in charge:	Marie Fitzpatrick
Lead inspector:	Geraldine Jolley
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	41
Number of vacancies on the date of inspection:	1

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 to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
12 March 2014 10:30	12 March 2014 18:30
13 March 2014 08:30	13 March 2014 16:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The provider had applied to the Health Information and Quality Authority (the Authority) Regulation Directorate for registration renewal under Section 48 of the Health Act 2007. This report sets out the findings of the announced inspection which forms part of the assessment for registration. This inspection was announced and took place over two days. It was the eighth inspection of the centre. As part of the inspection the inspector met with residents, relatives and members of staff. The inspector observed the delivery of care, the service of meals and reviewed documentation such as care plans, medical records, accident/incident reports, policies and procedures, fire safety and risk management documentation, complaints records and staff files.

The centre provided a welcoming and modern environment for residents. There were several communal areas located around the centre where residents could sit together and socialise or where they could choose to spend time quietly. The building was well decorated, attractively furnished and comfortably warm.

The inspector found that the provider, nurse in charge and staff team conveyed a positive attitude to the care of older people and knew resident's well. They were knowledgeable about the care needs of residents and their choices and preferences. Procedures were in place to assess residents prior to admission to the centre and visits by prospective residents and members of family were encouraged to help them make informed decisions about moving in to a nursing home.

Residents told the inspector that they were satisfied with the facilities in the centre and the way their care needs were met. Some said they were able to go out with family and were encouraged to remain as independent as possible. There were social activities scheduled regularly and residents were free to organise their own pastimes. The inspector saw that there was an active knitting group where residents came together to knit and chat each day. The feedback received from residents and relatives spoken with and from those who completed pre-inspection questionnaires was consistently positive and their feedback is included in the body of the report where appropriate.

In summary the inspector was satisfied that the care and services provided to residents were of a good standard, designed and delivered in accordance with residents needs and choices and largely within regulatory requirements and contemporary evidence based practice. Improvements required are discussed in detail in the body of the report and in the action plan at the end of the report. These improvements include revisions to some policies and procedures, more rigour in relation to record keeping and changes to aspects of the premises to maximise residents' independence. The Action Plans at the end of this report identifies where improvements are needed 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.

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 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:
Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

A statement of purpose was available in the centre and had been provided to the Authority as part of the registration renewal application. It described the services and the care provided in the centre and it contained the majority of the required information that is outlined in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). The details that had not been included were provided in a revised edition forwarded to the inspector following the inspection.

The provider had made a copy available to residents.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector viewed the contracts of care that has been issued to three residents. The details of the services to be provided and the fees to be charged including the charges made for additional services were described as required.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge Marie Fitzpatrick who is also the joint provider with her husband is a registered nurse and evidence of her current registration was in place. The person in charge had a full time role.

There were suitable arrangements in place to manage the centre in the absence of the person in charge. A senior nurse, Marjorie Bell, was designated to take on this responsibility. She was in charge of the at the time of this inspection as the person in charge was away for a period of longer than 28 days. On the day of inspection she was seen to be visible and available to residents, relatives and staff and was actively engaged in the supervision of care. She had good knowledge of the systems in place for governance and management and there were arrangements in place for regular discussions with the provider.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were five actions related to records in the report of the last inspection that took place on 13 August 2013. Three of these actions had been addressed.

The directory of residents had not been kept up to date as transfers out of the centre to hospital and readmissions had not been entered. The directory was reviewed and this information was now being recorded on an ongoing basis. The deficits in care documentation identified had also been addressed. The inspector found that where care plans identified vulnerabilities to pressure area problems that appropriate actions to

prevent deterioration were in place such as position changes and these were recorded. The care needs of residents following admission to hospital for assessment or treatment were being reviewed more consistently on their return to the centre.

The remaining actions related to reviewing policies and procedures. These actions were in progress but further work was required on some policy documents. For example, the inspector found that the policy to guide staff actions should a resident go missing needed review to include the information to be provided to inform emergency services. The medication management policy also needed review to reflect operational practice in the centre. Nurses routinely transcribe on to medication records but the policy states "avoid transcribing".

Other policies were noted to require review to provide adequate guidance for staff. These included the nutrition policy which did not inform staff adequately on the actions to take in some circumstances for example when to intervene if a resident experienced unintentional weight loss. The end of life care policy also needed review as described in outcome 14.

Overall the standard of administration was good. Records were maintained securely and information was readily accessible. There was public liability, employers liability and buildings insurance in place. There was also insurance for residents personal effects as required by regulation 26 (2) Insurance Cover. Staff personnel records examined contained all the required schedule 2 information as well as job descriptions, contracts of employment and records of training undertaken. However, the inspector noted that the record of visitors to the centre was not kept up to date each day.

Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were suitable arrangements in place to manage the centre in the absence of the person in charge. The senior staff nurse, Marjorie Bell was nominated to take over this role and had been in charge during the recent absence of the person in charge. An appropriate notification had been provided to the Authority relating to this. The inspector was told that the person in charge was shortly due to resume her role in the centre and was present during the inspection.

Outcome 06: 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.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the provider had measures in place to protect residents being harmed or suffering abuse. As discussed further in Outcome 18, there was evidence of robust recruitment procedures and induction of staff to ensure residents safety. Staff training records indicated that all staff had attended education and training on the prevention, detection and response to abuse. All new staff received this training as part of their induction programme. Staff the inspector talked to confirmed their attendance at training, were clear about their responsibilities, described a zero tolerance of any potential abusive behaviour towards a resident and had confidence in the person in charge and provider to act on any concerns that they may raise. The inspector was told by residents during the inspection that they had a sense of safety, security and "trust" in staff and management.

The policy on protection set out the actions to be taken in the event of any allegation of alleged, suspected or reported abuse. A recent incident had been reported to the Authority and the inspector saw that a full investigation had been completed by the provider and this included maintaining a record of the incident, obtaining information from staff and taking effective action to prevent a recurrence.

The financial records of funds maintained for residents were available for inspection. There was a record of all transactions but the format for recording monies lodged or withdrawn required review and improvement so that where possible residents can sign when each transaction takes place.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that there were systems in place to promote the health and safety of residents, staff and visitors. There was a safety statement that outlined the responsibilities of management and staff in relation to safety matters throughout the centre.

Staff could describe the measures they took on a day to day basis to ensure a safe environment and safe working practices. The centre was visibly clean, tidy and well organised. Cleaning procedures included the safe management of infection risks. Areas such as the sluice and laundry were inspected to review how the action plans from the last inspection had been addressed. At this inspection, the sluice was tidy and all items placed there were clean and stored appropriately. Commodes were clean and stored tidily. The arrangements in the laundry indicated better management of clean and soiled laundry. The laundry has one entrance and this confined arrangement makes it difficult to keep clean laundry away from soiled laundry that is taken in for washing. The inspector noted that there was no laundry waiting attention and that the area was tidy and clean. The provider told the inspector that he is considering an alternative location for the laundry to ensure that laundry activities can be managed better.

The interior and exterior of the building were in good condition and maintained to a high standard. The exterior was safe with level surfaces that enabled residents to walk outside without encountering trip hazards. The interior was spacious and areas that residents used daily were kept free from obstructions. There were handrails in hallways to support residents to walk around independently. A range of equipment such as hoists, wheelchairs and specialist beds were available and in use to address resident's specific needs. All equipment viewed was noted to be in good condition and appropriately serviced.

Suitable precautions against the risk of fire were in place. The fire escape routes were noted to be clear and unobstructed. These were checked daily and recorded. Fire evacuation signage was in place to indicate escape routes and these were displayed throughout the building to indicate the nearest fire exits. A fire register was in use and this contained all the information relevant to fire safety. There was a service contract in place to ensure fire alert and fire fighting equipment was working effectively. The fire alarm had been serviced in November 2013. The alarm was tested monthly and any unplanned activations were also recorded. There was a system for regular fire drills to ensure that all staff knew what to do in the event of fire. The inspector saw from records that everyone in the centre at the time of a fire drill were included in the proceedings. The most recent fire drills took place in September, December 2013 and February 2014.

A safety management audit tool was in use and this was used to review varied aspects of risk such as the management of hazardous substances, prevention of legionella,

lighting levels, staff training and electrical safety. The temperature of hot water was regularly checked and noted to operate within a safe temperature range that did not present a scald/burns risk. The inspector saw that there was a check and activation of water in vacant rooms.

The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency. Alternative accommodation in other designated centres had been identified for use in an emergency.

There was a good falls prevention strategy in place and the centre had a low incidence of falls with no falls recorded as occurring in some reporting quarters.

The following areas were noted to need attention:

No missing persons drills had taken place to guide staff should such a situation arise.

Missing person profiles were required for residents to include additional risk factors such as dementia to ensure that staff had up to date information readily accessible.

A fire drill at night or when staffing levels were reduced needed to be undertaken.

Moving and handling assessments did not include the type of hoist to be used.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found that nurses were knowledgeable about the medication procedures, safety measures and the particular medication needs of residents. The inspector found that there was a system in place to review residents' medication every three months. Medication records examined indicated that these reviews took place.

Medications that required special control measures were managed appropriately and kept in a secure cabinet in keeping with professional guidelines. Nurses maintained a register of controlled drugs which was found to be appropriately signed and dated when each medication was administered. The stock balance of each medication was checked

and signed by two nurses at the change of each shift.

The inspector observed the administration of medications and found that medication was administered in accordance with the centre's policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. There is a monitored dosage system in use and the dispensed cassettes are checked on arrival in the centre to ensure the contents correspond to the prescriptions. Residents who needed medication for emergency use in the event of seizures had medication prescribed and there was a stock of such medication available.

There was one area for improvement. The nurses do transcribe medication and while the medication charts were signed by doctors they had not been signed by the transcribing nurse.

Outcome 09: Notification of Incidents

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Practice in relation to notifications of incidents was satisfactory. The provider and person in charge were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant notifications had been submitted to the Chief Inspector by the provider.

Detailed records were maintained of all accidents and incidents. There was a low incidents of falls with no falls recorded during some months. There was only one bedrail in use. The inspector concluded that the falls management strategy was implemented successfully to the benefit of residents.

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

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The provider and person in charge had a system in place to gather and audit information on a range of matters that included falls, accidents and incidents, restraint use, medication management, the completion of records, the environment and and pressure area problems. Residents told the inspector that they could convey their views at regular meetings or could convey them to staff and the person in charge. Relatives also provided information that conveyed that their views were sought and used to develop the service.

There was evidence that changes were made in response to residents needs and views and there was information to indicate that audit findings were discussed with appropriate staff to ensure that learning and improvements to practice were put in place where required. For example, records that were not fully complete when audited were identified and recommendations such as better familiarisation with policies and procedures highlighted to staff to remedy the deficit.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There were 41 residents living in the centre. Over half were assessed as having maximum or high level care needs and the remainder were assessed as medium or low dependency. There was a high prevalence of dementia and cognitive impairment and three residents had care needs associated with a brain injury. The medical needs of residents were found to be appropriately met. Regular access to general practitioner (GP) services and to a range of allied health services was in place. Residents told the

inspector that they were "well cared for and that if we are ill or had any pain the doctor is called to see us" " and also said that staff ensured that any investigations they needed were arranged and followed up.

The inspector noted that staff interacted with residents each time they met and were observed to be respectful in all their contacts with them. Staff acknowledged and greeted residents personally when entering and leaving communal areas.

The inspector found that care reflected evidence based practice in most areas and was targeted at supporting residents to remain independent and fulfilled. Residents were admitted for long term care, periods of respite, rehabilitation, convalescence or for palliative care. A sample of care records were reviewed to assess compliance with the regulations that underpin health care and to determine if action plans outlined at the last inspection were addressed. Overall the standard of care plans had improved since the previous inspection. The majority of the action plans outlined had been addressed. Staff said that residents and/or relatives were involved in the development of their care plans and this was confirmed in feedback provided in questionnaires and in responses during interviews conducted by the inspector. Three care plans reviewed conveyed that relatives and residents had discussed progress and their wishes for the future. The lack of involvement of residents and others in care plans was identified as a deficit at the last inspection.

Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk in areas such as vulnerability to falls, nutritional care, potential to develop pressure area problems, communication and moving and handling. While the assessments completed provided a good overview of residents problems, care plans and the regular evaluations completed by nurses did not always reflect the assessment information particularly where residents had dementia. For example, where the level of cognitive impairment was described there was sometimes poor information on how this impacted on the resident's daily life or what level of independence or capacity the resident retained. The inspector did note in some records that residents' capacity to recognise relatives or staff was described but other aspects of their communication problems were not outlined.

An action plan in the last report required that care plans were reviewed as required according to residents changing needs. The inspector found that this had been addressed. Changes in dependency, concern about pressure area problems and respiratory illness had been documented and where these conditions had been temporary in duration the care plans reflected the change.

Residents were provided with activities appropriate to their needs including individual and group activities. There was an activity coordinator available during weekdays and activities were also scheduled for weekends. Residents told the inspector that they enjoyed bingo, knitting, reading the papers and going out in the garden when the weather was good.

The inspector was told by residents and relatives that they were provided with a good range of information at the time of admission to assist them to make a decision about moving to nursing home care. Several mentioned that they had been encouraged to visit, that the services and facilities had been described and that they had the

opportunity to view the centre and talk to the person in charge.

There were some residents with behaviours that presented particular challenges. Staff had documented the behaviours that arose and the measures in place to address these problems safely. A policy to guide staff on managing challenging behaviour was available.

Falls prevention and management

Records showed that falls management was a priority. There were several months during 2013 when no falls occurred. Five falls had resulted in serious injury and treatment was appropriately instigated. The inspector noted that risk assessments for falls had been completed and were updated when residents' needs changed. The inspector found that during the inspection staff used safe moving and handling practices when assisting residents to mobilise. As described earlier under outcome 7, some risk was evident as the type of hoist to be used for each resident was not described.

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The centre is a modern bungalow style building that was designed for use as a nursing home. The location, design and layout was suitable for its stated purpose and met residents' individual and collective needs. There were many home like features such as bookcases, side tables and lamps that contributed to the comfort of the environment. Pictures and photographs of old Letterkenny were displayed on the walls which contributed a sense of familiarity for residents many of whom were from the local area. There was a variety of places where residents could sit and spend time during the day. Relatives that the inspector talked to said that they enjoyed visiting and were always made welcome.

There was adequate communal space for the number of residents accommodated and furnishings throughout were coordinated and contributed to a sense of comfort and homeliness. Residents had personalised their rooms in most instances and the inspector was told that there was good encouragement from staff to do this. Additional shelving, picture hooks and cupboards had been provided where necessary to ensure residents

could store all their belongings and treasured items. Residents had space to see visitors in private and there was an oratory area where they could spend time quietly or in prayer.

The sitting room had large windows and provided residents with views of the surrounding countryside. There was seating at the end of hallways where residents could rest and handrails were at an appropriate height however on some hallways there was a rail on one side only which did not fully assist residents when walking along hallways. The interior and exterior were attractively decorated and well maintained.

Personal accommodation comprises of 22 single rooms, eight twin rooms and one four-bedded room, all of which have en suite shower, toilet and wash hand basin facilities. The four bedded room is divided in to two areas with two beds in each area. The arrangement does not adequately facilitate the privacy and dignity of all residents and this has been described in previous reports. The provider said that the layout was being reviewed but a solution had not been finalised.

The centre is quadrangle in shape with an enclosed garden that provides a safe accessible outdoor area for residents. There is ample car parking for residents, relatives and visitors. During this inspection the premises were noted to be clean, well maintained and decorated to a high standard. Staff were noted to take appropriate infection control precautions that included the use of personal protective clothing and the use of hand gels as required.

There were some areas where improvements were noted to ensure that the environment met residents' needs effectively and these included:

- Some toilets needed secure handrails on both sides
- There were poor orientation signs to guide and prompt residents who had dementia to find their way around the centre
- The laundry was identified for attention at the last inspection as it was not well organised and segregation of soiled and clean laundry was not effective. This area is small and there is only one entrance which complicates the flow of laundry in and out of the area. At this inspection there was no laundry waiting attention and the area was well organised. The provider said he is considering how a more appropriate laundry space can be provided.

There were records to show that assistive equipment such as hoists, baths and pressure relieving mattresses had been serviced regularly through a contract arrangement.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found evidence of good complaints management. The provider and person in charge had a positive attitude to receiving complaints and considered them a means of learning and improving the service. The complaints policy was reviewed and was found to be comprehensive and displayed in a prominent position in the centre. It complied with the requirements of the Regulations.

The inspector reviewed the complaints record for 2013 to the date of the inspection and saw that a range of matters had been raised by residents and relatives and had been resolved.

There was evidence that complaints were appropriately responded to by the provider, to the satisfaction of the complainant. There are arrangements in place for independent overview of the complaints procedures. Residents were aware of the complaints procedure and were able to tell the inspector who they could tell if they had something of concern or a complaint to raise.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre had an end of life care policy to guide staff and this was reviewed by the inspector. It included the information outlined in the regulations. There were some aspects of the document that required review to appropriately guide staff. For example, there was a lack of information on factors that would trigger referral to the palliative care service, procedures to guide nurses in the verification of death and indicators for when end of life care became care of the dying were not outlined.

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre. There were no residents in receipt of end of life care during this inspection. Care at end of life was described in care records examined. There were some references to "do not resuscitate" requests made by family members. Such decisions should reflect the clinical presentation at the time

and be made in accordance with the appropriate evidence base for care at end of life.

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was told by residents that the standard of catering was "very good". Relatives and residents described satisfaction with the standard of food and the catering service. There was an emphasis on home cooking and catering staff interviewed said that they had a record in the kitchen of residents likes and dislikes which they referred to when preparing individual dishes for residents. The inspector was satisfied that residents received a nutritious and varied diet that offered appropriate choices. Menus were displayed and a choice was available at each meal time. There was a three week menu cycle. Care staff discussed menu choices with residents and recorded their preferred choice the day before. Residents said it was not a problem if they wanted an alternative to the meals on offer. Catering staff were described as "very accommodating and keen to give us what we like".

Mealtimes were noted to be social occasions that provided opportunities for residents to interact with each other and with staff. The dining arrangements were appropriate to the needs of residents with plenty of space in the dining room for all residents to eat in comfort. The room was light, tables were attractively laid and there were drinks available according to residents taste. The dining room was used by residents at all meal times.

The inspector discussed the special dietary requirements of individual residents with the catering staff and found that comprehensive information on residents' dietary needs and preferences had been made available to them. The inspector observed that meals were well presented in appetising individual portions. A menu audit had been completed in January 2014 and the choices and meal plans were found to be appropriate. Practical tips on improving the menu for residents had been supplied by the dietician.

Staff were seen to assist residents appropriately and to ensure that special diets and food consistency was adhered to as indicated by dietician or speech and language therapy advice. Residents told inspectors that they could have tea or coffee and snacks at any time. Catering staff had specific instructions for residents who had specific dietary needs or required special diets. There was a system for the fortification of food to

support residents at risk of weight loss before supplements were considered.

There were care plans and policies and procedures to guide staff when addressing problems related to nutrition, unintentional weight loss or weight reduction. There were nine residents that were being monitored to ensure that their nutrition was appropriate. Care plans reflected progress and the measures in place to ensure adequate nutrition. However, the inspector noted that the nutrition policy and associated procedures needed review as it did not provide comprehensive guidance for staff. For example, it did not prompt staff on when to intervene or the measures to take when a resident experienced weight loss.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that residents' privacy and dignity was respected by staff. Bedroom doors and other doors were closed when personal care was being delivered. Staff spoke to residents respectfully and took time to listen to their views the inspector noted. There were good examples of positive interactions between staff, residents and visitors who chatted together and shared information in a comfortable way. Residents who had communication problems or confusion were noted to have regular input from staff and there were specific accommodations made to address the needs of some residents. For example, in one instance a resident had ear plugs as excessive noise was found to be a disturbance to his well being.

Visitors were noted to be welcomed throughout the day and many were noted to take residents out for short periods. Staff were noted to be on hand to ensure that residents had everything they needed when such trips were taking place. Residents' religious needs were addressed and Mass and other prayers were celebrated regularly.

There were meetings for residents and who also said they had opportunities to discuss issues as they arose with the provider and members of staff. Residents' independence and choices were promoted by staff. The inspector saw staff assisting residents to walk around at a leisurely pace and to use the garden. The inspector was told by residents that they had flexibility in their daily routines. They could choose where they spent their

time, when they got up and went to bed and had a choice about the activities they attended.

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

While the provider had measures in place to protect residents' personal property and possessions, there was one area that required improvement. The inspector found that while there was a property record for residents' possessions some records were not updated or signed by the resident as required by the Regulations. Residents had access to private lockable space to store personal valuables.

Clothing items were clearly marked with the name of the resident. The inspector asked residents if they were satisfied with the way in which their clothes were cared for and all responded that they were happy with the service. There had been some complaints about possessions missing recorded in the complaint record. These had been resolved and the items found when brought to the attention of staff.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that staffing levels and the skill mix in place was appropriate to meet the needs of residents. There were recruitment procedures that ensured that staff were appropriately selected and vetted in accordance with regulatory requirements for staff that work with vulnerable people. The inspector examined the files of four staff members as part of the assessment of this outcome.

Staffing levels adequately met the assessed needs of residents and were reviewed if residents' needs changed to ensure that adequate staff were available. Three staff were on duty overnight. There was a commitment to developing staff to ensure that they were competent to meet the changing needs of the residents. There was a record of the training courses that staff had attended and the following topics had been covered during 2013 and 2014:

- nutrition
- cardio pulmonary resuscitation
- infection control
- hand hygiene
- managing laundry

Training in the statutory required areas of fire safety, elder abuse and moving and handling had been completed by all staff except one new member of staff who was scheduled to do moving and handling training the week following the inspection.

Nurses had completed training on medication management, quality audit and management development. The inspector found that there was a good induction programme for newly employed staff members and there was an ongoing appraisal system in place.

The inspector carried out interviews with staff members and found that they were knowledgeable about the residents' individual needs, the centre's policies, fire procedures and the procedures for reporting alleged elder abuse. The inspector saw them responding to residents' needs in a respectful manner. Staff told the inspector that they were well supported by the provider/person in charge.

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 the residents, relatives, and staff during the inspection.

Report Compiled by:

Geraldine Jolley
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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. Eunan's Nursing and Convalescent Home
Centre ID:	ORG-0000392
Date of inspection:	12/03/2014
Date of response:	12/05/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The record of visitors to the centre was not up to date.

Action Required:
Under Regulation 22 (1) (ii) -(iii) you are required to: Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) up-to-date and in good order and in a safe and secure place.

Please state the actions you have taken or are planning to take:
All visitors to the centre will be reminded to complete details as they entry the premises, a notice to this effect will be placed at the point of entry.

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

Proposed Timescale: 01/06/2014

Theme: Leadership, Governance and Management

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

Some of the schedule 5 policies and procedures such as medication management, missing persons and end of life care required review to reflect the arrangements in the centre or to provide appropriate guidance for staff.

Action Required:

Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

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

These policies will be reviewed and updated.

Proposed Timescale: 01/08/2014

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

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

The format of the record for financial transactions and money held for safe keeping did not provide scope for residents to sign the record.

Action Required:

Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

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

The record for financial transactions will be amended to facilitate the Resident's signature.

Proposed Timescale: 01/07/2014

Outcome 07: 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:

There was inadequate information available to staff in the event of a missing resident or a resident absent without leave.

Action Required:

Under Regulation 31 (2) (c) you are required to: Ensure that the risk management

policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

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

The Policies will be reviewed and updated.

Proposed Timescale: 01/08/2014

Theme: Safe Care and Support

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

The moving and handling assessments in place did not specify the type of hoist to be used.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: 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.

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

The policy will be reviewed to amend the moving and handling assessments in order to specify the type of hoist to be used.

Proposed Timescale: 01/07/2014

Theme: Safe Care and Support

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

No fire drills had been conducted when staffing levels had been reduced or at night.

Action Required:

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

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

A fire drill is scheduled to take place out during the night time.

Proposed Timescale: 01/06/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

Medication that was transcribed by nursing staff did not have the signatures of the prescribing nurses on the medication records.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

This has been put in place.

Proposed Timescale: 01/05/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

Care plans for residents with dementia did not fully inform staff of their care needs and abilities in accordance with evidence based practice.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

Care Plans will be reviewed and updated.

Proposed Timescale: 01/07/2014

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:

Adequate orientation cues for residents with dementia were not available to guide residents around the centre.

Action Required:

Under Regulation 19 (1) you are required to: Provide suitable premises for the purpose of achieving the aims and objectives set out in the statement of purpose, and ensure the location of the premises is appropriate to the needs of residents.

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

New appropriate signage will be developed and erected.

Proposed Timescale: 01/09/2014

Theme: Effective Care and Support

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

Some hallways had handrails on one side only which did not fully support residents' independence

Some toilets had supports on one side only.

The laundry did not facilitate appropriate safe segregation of clean and soiled laundry.

Action Required:

Under Regulation 19 (3) (a) you are required to: 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.

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

Hand rails are now on both sides of hallways.

Extra supports will be fitted to the toilets.

The redesign of the Laundry will take place.

Proposed Timescale: 01/12/2014

Outcome 14: End of Life Care

Theme: Person-centred care and support

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

There were some aspects of the policy and procedure to guide staff on end of life care that required revision to appropriately guide staff. There was a lack of information on factors that would trigger referral to the palliative care service, procedures to guide nurses in the verification of death and indicators for when end of life care became care of the dying were not outlined.

Action Required:

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

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

The policy and procedure to guide staff on end of life care will be reviewed.

Proposed Timescale: 01/07/2014

Outcome 15: Food and Nutrition

Theme: Person-centred care and support

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

The nutrition policy and associated procedures needed review as it did not provide comprehensive guidance for staff in that it did not prompt staff on when to intervene or the measures to take when a resident experienced weight loss.

Action Required:

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

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

The nutrition policy will be reviewed to provide more comprehensive guidelines to Staff.

Proposed Timescale: 01/07/2014