

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Mary's Residential Care Centre
<b>Centre ID:</b>	ORG-0000726
<b>Centre address:</b>	Shantalla Road, Galway, Galway.
<b>Telephone number:</b>	091 540 500
<b>Email address:</b>	stmaryscarecentre@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	St. Mary's Nursing Home Limited
<b>Provider Nominee:</b>	Martin Breen
<b>Person in charge:</b>	Yvonne Carpenter
<b>Lead inspector:</b>	Lorraine Egan
<b>Support inspector(s):</b>	Marian Delaney Hynes
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	60
<b>Number of vacancies on the date of inspection:</b>	0

## **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:
26 March 2014 09:45	26 March 2014 17:00
27 March 2014 08:40	27 March 2014 13:45

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 purpose of this inspection was to monitor the centre's compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and to inform a registration renewal decision.

As part of the inspection, the inspectors met with residents, relatives, staff and members of the centre's management team. The inspectors observed practices and reviewed documentation such as policies, care plans, financial records, medical records, audits, training records and staff files. In addition, the inspector received and reviewed resident and relative questionnaires.

Throughout the inspection, the person in charge demonstrated competency in

relation to her role and a commitment to providing a good quality service to residents. In addition, both the person in charge and the provider demonstrated knowledge of their requirements under the Regulations.

The feedback from families was one of outstanding satisfaction with and praise for the care provided and residents echoed these sentiments. Residents spoken with said they felt safe, were listened to and had busy days filled with activities which they liked. In addition, residents were complimentary of the food and of the staff working in the centre. Families stated they felt part of the centre's community and stated that they felt that the centre had not only enriched their relative's life but had also enriched their lives. Questionnaires received from families echoed these statements and were complimentary of the care being provided in the centre.

The inspector found that there was evidence of good practice in all areas and a high level of overall compliance in the centre. The inspector found that some improvements were required in relation to contracts for the provision of services, the Directory of Residents, the use of CCTV in the centre, fire safety in the centre, the disposal of medication and the recording of residents' personal property.

The findings are discussed in the report and actions required are included in the Action Plan at the end of this report.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 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

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

No actions were required from the previous inspection.

**Findings:**

The Statement of Purpose was viewed by the inspector. Initially it did not meet all legislative requirements as it did not identify the age range and sex of the residents for whom it is intended to accommodate, nor did it sufficiently describe the number and size of rooms in the centre. This was brought to the attention of the provider on the day of the inspection and it was immediately amended to include these items. On review of the amended document the inspector was satisfied that the Statement of Purpose met all legislative requirements and accurately described the aims, objectives and ethos of the centre.

**Judgement:**

Compliant

***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

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

No actions were required from the previous inspection.

**Findings:**

The inspector viewed a sample of contracts for the provision of services and was satisfied that the contracts were agreed within one month of residents' admission to the centre.

While contracts clearly outlined the care and welfare to be provided, along with the weekly fee payable by the resident, the contracts did not sufficiently outline the fee

which was charged for an extra service.

**Judgement:**

Non Compliant - Minor

**Outcome 03: Suitable Person in Charge**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

Yvonne Carpenter is the person in charge of the centre. She is a registered psychiatric nurse, has a postgraduate qualification in gerontology, a diploma in health law, a diploma in employment law and is a qualified nurse prescriber. She has extensive experience in care of the older person and works 7.45am to 6pm Monday to Friday and is on call at weekends.

The person in charge is supported in her role by the Operations Manager who is a registered general nurse and has past experience of being the person in charge of a centre.

The person in charge demonstrated that she has the experience, skills and knowledge necessary to fulfil the role of person in charge and this was evidenced by the centres overall compliance with the Regulations. She demonstrated a good knowledge of and rapport with the residents and was observed to be both caring and respectful to residents throughout the inspection.

Family members spoken with stated that the person in charge was extremely supportive, particularly during their relative's transition to the centre when she had furnished them with her mobile phone number and had told them to phone at anytime if they had any queries or concerns. Family members also spoke of how welcome they felt in the centre and stated that their relative's quality of life had improved since coming to live in the centre.

Throughout the inspection the person in charge demonstrated a commitment to delivering good quality care and a commitment to improving the service delivered. She was knowledgeable of the Regulations and the Standards and all documentation required by the inspectors was readily available and easily accessible.

**Judgement:**

Compliant

**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

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the centre's documentation was well organised, well maintained and easily retrievable. Policies and procedures met the requirements of the Regulations and the inspector was satisfied that the policies and procedures were sufficiently comprehensive to guide practice. Staff signatory sheets indicated staff had read and understood the policies.

The Directory of Residents was viewed by the inspector. It included all requirements of the Regulations with the exception of the gender of the residents. The person in charge told the inspector the directory would be amended to include this.

The Residents Guide was viewed by the inspector and found to meet the requirements of the Regulations.

The centre's insurance complied with regulatory requirements.

**Judgement:**

Non Compliant - Minor

**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

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was in post since the centre opened in 2011.

The provider was aware of the requirement to notify the Chief Inspector if there is any proposed absence.

The inspector found there were appropriate deputising arrangements in place in the absence of the person in charge.

**Judgement:**

Compliant

**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

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were appropriate measures in place to protect residents from being harmed or abused. The inspector viewed the policy on protection and was satisfied that it was adequate to guide staff practice and showed clear lines of responsibility and accountability in relation to allegations of abuse. Training records viewed by the inspector showed that all staff had received training in the prevention, detection and response to abuse. The person in charge and one staff nurse were qualified to deliver this training.

Garda Síochána vetting was in place for all staff employed at the centre.

Staff spoken with were able to identify the different types of abuse and were aware of the procedures if an allegation of abuse was received and these were in line with the centre's policy on protection.

Residents stated that they felt safe in the centre and said they would speak with the person in charge, the clinical nurse manager or any member of staff if they had a concern.

Each resident had a lockable press to store any valuables and the centre provided a safe in the office if residents wished to store money there. The inspector viewed the procedure in relation to this and was satisfied that the system was sufficiently robust given that all residents signed out any money which had been placed in the safe for safekeeping.

The inspector viewed records and was satisfied appropriate actions had been taken in regard to a previous external allegation and that adequate measures had been taken to ensure the safety and welfare of residents.

**Judgement:**

Compliant

***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

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that while there were systems in place to protect the health and safety of residents, staff and visitors some improvements were required in relation to fire safety.

**Risk Management**

The inspector was satisfied that there were appropriate risk management procedures in place in the centre. The inspector viewed the Health and Safety Statement and the risk management policy and was satisfied that these documents were centre specific and were adequate to guide staff practice. The risk management policy was comprehensive and included all requirements of the Regulations.

The inspector viewed the risk register and was satisfied that it comprehensively identified risks throughout the centre. It identified the risk, the level of risk, the control measures necessary, the person responsible and a review date. The inspector was satisfied that the risk register was used as a working document to identify and manage risks in the centre.

Measures were in place to promote resident safety and independence throughout the centre including handrails on both sides of the corridors and a lift for access to the first floor. Call bell facilities were provided in all rooms and wall mounted sensors connected to the call bell were provided in the assisted toilets.

Training records viewed by the inspector indicated that training was provided for all staff in safe moving and handling and good moving and handling practices were observed.

**Infection Control**

The inspector was satisfied that infection control measures were robust. Hand sanitising dispensing units were evident throughout the centre and staff were observed to be vigilant in their use. Staff had received training in infection control and staff spoken with were knowledgeable of infection control procedures. The building was found to be clean

and odour free.

#### Fire Safety

While there were measures in place to protect residents, staff and visitors against the risk of fire, some improvements were required.

The inspector viewed records pertaining to the servicing of fire equipment and was satisfied that servicing was carried out on an annual basis and equipment was last serviced in September 2013. Records stated that the fire alarm and the emergency lighting were checked on a quarterly basis and the inspector was satisfied that this was accurate.

Staff spoken with were knowledgeable of fire safety and demonstrated good knowledge of the steps to be taken in the event of a fire. Training records showed that all staff had received training in fire safety which included evacuation procedures and the use of fire equipment.

On the day of the inspection the inspector noted that not all fire doors closed fully which posed a risk in the event of a fire. This was brought to the attention of the provider who told the inspector that the doors would be fixed within six weeks.

#### **Judgement:**

Non Compliant - Moderate

#### ***Outcome 08: Medication Management***

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

#### **Theme:**

Safe Care and Support

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

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

#### **Findings:**

While the inspector found evidence of good practice regarding medication management, improvement was required in relation to the disposal of medication in the centre.

The inspector viewed the medication management policy and was satisfied it was centre specific and comprehensive. It gave clear detailed guidance on areas such as administration, prescribing, storage, recording, disposal and self administration of medication.

The inspector viewed a sample of medication prescription sheets and drug recording sheets. All medications were regularly reviewed by the general practitioners (GP). The inspector noted that medications requiring crushing were individually prescribed as such and the maximum dosage of PRN medications was prescribed.

Medications requiring strict controls were appropriately stored and managed. Records indicated that they were counted and signed by two nurses at the change of each shift in accordance with the centre's medication policy. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

Regular medication management audits were carried out by the person in charge and issues identified had been addressed.

The inspector spoke with a staff member on duty regarding medication management who demonstrated competence and knowledge of procedures and practices on medication administration. However, partially consumed medication was reported as being disposed of in the general waste. This was not in line with the centre's policy on the disposal of medication and inspectors brought this to the attention of the person in charge at the end of the inspection.

**Judgement:**

Non Compliant - Moderate

***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

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the records of accidents and incidents which had occurred in the designated centre since the previous inspection and was satisfied that all relevant accidents were notified to the Chief Inspector within the required timeframes.

**Judgement:**

Compliant

***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

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the person in charge had a robust system in place for reviewing and monitoring the quality and safety of care provided. The inspector viewed documentation of audits and was satisfied that audits were frequently carried out and encompassed a wide range of areas. The inspector was satisfied that staff were informed of the audit findings and that measures to address findings were put in place. For example, an audit on the use of call bells resulted in targeted additional staffing.

**Judgement:**

Compliant

**Outcome 11: Health and Social Care Needs**

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**

Effective Care and Support

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

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

**Findings:**

The inspector was satisfied that residents wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. In addition, the inspector was satisfied that residents social care needs were being met and that residents had the opportunity to participate in activities.

Residents had access to a GP as required and to a range of allied health professionals including physiotherapy, occupational therapy, speech and language therapy, chiropody, audiology services, ophthalmology, dietetic services and dental services. Furthermore, the person in charge and staff ensured that residents had timely access to services to ensure the resident's best possible health was protected and promoted.

The inspector viewed a number of resident's care plans and was satisfied that plans were comprehensive and sufficiently detailed to ensure the care of residents was adequate, and that nursing care was in line with evidenced based best practice. In addition, care plans were sufficient to guide and inform staff in meeting residents' needs and preferences. Care plans in use included plans pertaining to specified health issues such as epilepsy and wound care. The care plans contained individual specific risk

assessments such as those pertaining to the use of bed rails and resident risk of falls. Residents' weights were also closely monitored.

Residents' religious and spiritual needs were catered for. Mass was celebrated daily in the centre and residents are supported to attend alternative services where required.

The residents had access to activities six days per week and activities provided were sufficiently varied and appropriate to resident needs and preferences. The centre employed two part time activities coordinators who provided group activities for all to participate in and tailored one to one activities for residents with cognitive impairment. The activities coordinators obtained information from the residents 'key to me' form in the care plan which detailed residents' preferences and utilised this information when providing activities. In addition, there was a book club which took place once per month and a men's club.

**Judgement:**

Compliant

***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

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the premises met with the requirements of the Regulations and the Authority's Standards. The centre was purpose built and was well maintained, nicely decorated and well furnished. It was warm, clean and odour free throughout.

The centre comprises of two floors with bedrooms and communal day areas provided on both floors. All bedrooms were single with assisted shower en suites. Each bedroom was furnished to a high standard with a bed, wardrobe, locker, desk and chair. All bedrooms had call bell facilities, reading light, television, radio and telephone. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms.

A variety of communal day and dining space was provided centrally on both floors. The day and dining rooms were bright, comfortably furnished and overlooked the landscaped gardens. On the ground floor there were two day rooms, an activities/day care room and a large dining room. The ground floor day rooms were interconnecting and

separated with electronic moving partition walls. On the first floor there were two day rooms, two sun rooms, a quiet room and two dining rooms. In addition, there was hair dressing salon on the ground floor.

There were two assisted toilets located on each floor adjacent to the day room areas and an assisted shower and toilet located beside the day room. There was also an assisted bath in one of the ground floor bathrooms.

There were two enclosed landscaped gardens which could be accessed directly from the ground floor day areas and two large first floor terrace/balcony areas accessible from the first floor day rooms. The gardens were well maintained and there was an enclosed area for the centre's pet chickens and turkey. Residents spoken with expressed satisfaction with having chickens and a turkey on the grounds.

There was appropriate assistive equipment provided to meet the needs of residents. The inspector viewed the maintenance and servicing contracts and found the records were up to date and confirmed that equipment was in good working order.

**Judgement:**

Compliant

**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:**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied the person in charge had appropriate systems in place to manage complaints. There was a comprehensive complaints policy in place which outlined the duties and responsibilities of staff. The complaints procedure was clearly displayed and included the name of the complaints officer and details of the appeals process. Copies of the complaints procedure were displayed outside both sitting rooms and a synopsis of the procedure was outlined in the Residents Guide and the Statement of Purpose.

The inspector reviewed the complaints log, details of complaints and the outcomes. All complaints had been recorded in detail and resolved. The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

**Judgement:**

Compliant

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**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

**Outstanding requirement(s) from previous inspection:**  
No actions were required from the previous inspection.

**Findings:**  
The inspector was satisfied that residents received appropriate end of life care and that the care addressed residents' physical, emotional, psychological and spiritual needs.

The inspector viewed the end of life policy and was satisfied it was sufficiently comprehensive to guide staff practice. All resident care plans contained a detailed 'Ask me what I want' questionnaire which addressed the resident's preferences at end of life. The inspector viewed a sample of these and was satisfied that staff were aware of resident wishes. The person in charge told the inspector that the subject of resuscitation is discussed with residents and relatives and some residents had Do Not Attempt Resuscitation (DNAR) forms on file which were signed by the resident.

Individual religious and cultural practices were facilitated and family were supported to be with the resident when they were dying. Overnight facilities and refreshments were available for relatives' use.

The symbol of a setting sun was placed on the bedroom door to denote when a resident had passed away and sensitive procedures were in place.

Following the death of a resident the person in charge facilitates a reflective practice on end of life to identify any learning or changes which need to be made. This has been in place since 2010 and the inspector viewed documentation pertaining to these reflective meetings and was satisfied that identified issues had been addressed and had informed practice in the centre.

**Judgement:**  
Compliant

**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

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents were provided with a various and nutritious diet which met their individual dietary needs and preferences. A four monthly menu cycle was in place and the inspector noted that drinks and snacks were available throughout the day. Bowls of fresh fruit and baskets containing a variety of snacks such as rice cakes and cheese were available throughout the centre. Residents were supported to have meals in one of the dining rooms or in their bedrooms if they preferred.

The inspector observed lunch on day one of the inspection and was satisfied that there were adequate staff to assist residents. Staff offered residents a choice of meals and asked residents if they would like condiments such as sauces with their meals. Extra portions were offered to residents and dietary needs were accommodated in a discrete manner.

The inspector spoke with both chefs and was satisfied that the chefs and kitchen staff had a good knowledge of resident's needs and preferences. Information pertaining to resident dietary requirements was available in the kitchen and a variety of food and assistive equipment was available to cater for all requirements.

**Judgement:**

Compliant

***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

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

No actions were required from the previous inspection.

**Findings:**

While the inspector was satisfied that residents rights, dignity and consultation were promoted and protected throughout the centre, improvement was required in relation to the use of CCTV in the centre.

Residents and their family members were consulted with on a regular basis and a residents committee was in place, which was facilitated by an external advocate.

Minutes viewed from the meetings showed evidence that issues raised had been addressed and all requests or comments were responded to by the person in charge. Residents received a copy of the minutes with the response to queries raised.

The inspector viewed documentation pertaining to the audit of a family survey which took place in March 2014 and an issue which was raised by family members was being responded to by the person in charge.

Families spoken with told the inspector that they could speak to the person in charge or any member of staff if they had any queries and expressed satisfaction with the level of consultation between the person in charge and their family member. Residents spoken with stated that they were happy with the outcome of these meetings.

The person in charge told the inspector that residents are facilitated to vote off site or on site as a member of the Garda Síochána comes to the centre to facilitate polling for residents.

Residents expressed satisfaction with access to religious services and stated that they attend Mass in the centre on a daily basis.

There was a flexible visiting policy in place and this was confirmed by family members who stated they felt welcome at any time.

Residents had access to an in house hairdressing salon which was also open to family members and staff members.

The centre is located near a secondary school and the person in charge told the inspector that students of the school visit the centre.

Residents had access to television and radio in their bedrooms and in the sitting rooms. Newspapers were available and any specific requests could be accommodated. The activities coordinator facilitated a daily news session every morning for residents.

CCTV was in use in the centre in hallways, sitting rooms and dining rooms. While the person in charge stated that CCTV was not used for supervision of residents, there was no policy on the use of CCTV and insufficient signage to advise residents, relatives or staff that CCTV was in use in the centre.

**Judgement:**

Non Compliant - Moderate

***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

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

No actions were required from the previous inspection.

**Findings:**

While the inspector was satisfied that residents had sufficient storage, and that there was adequate facilities for the laundering of residents' clothing, some improvements were required in relation to resident personal property lists and the identification of residents' clothing.

The residents had sufficient storage for personal belongings including a lockable drawer in the bedside locker. Laundry facilities were viewed by the inspector and found to be adequate. There were good systems in place for the laundering and return of clothing to residents.

The person in charge and the laundry staff raised an issue in relation to the identification of resident clothing and this was consistent with documentation received from families. The person in charge stated she has asked all families to bring any new clothing to the laundry to be tagged prior to placing it in the resident's bedroom and documentation viewed by the inspector verified this. On the day of the inspection there were approximately nine items of clothing in the laundry room and staff did not know who the clothing belonged to. The person in charge stated that she has arranged a meeting with laundry staff to discuss and resolve this issue.

A sample of resident property lists were viewed by the inspector and found to be insufficiently detailed. In addition, they were not signed by the residents or the residents' next of kin.

**Judgement:**

Non Compliant - Minor

**Outcome 18: Suitable Staffing**

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

**Theme:**

Workforce

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

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

**Findings:**

The inspector viewed the staff roster and was satisfied it was an accurate reflection of

staffing levels and that staffing levels and staff skill mix were appropriate to meet the needs of residents. Resident dependency levels were assessed using a validated tool and the person in charge utilised that information to assess staffing levels and staff deployment.

Staff files viewed contained the documents required by the Regulations. The staff induction folder was a suitable and sufficiently robust induction process for new staff. Adequate arrangements were in place for the supervision and performance management of staff in the centre.

The inspector viewed nurses' registration documentation and found that all nurses working in the centre had up-to-date registration.

Staff training records indicated that staff received training relevant to their role in the centre on a regular basis. Training attended by staff included moving and handling training, end of life training, nutrition training and infection control training. The inspector also viewed the planned training schedule for 2014 which included training in nutrition and hydration in April 2014, CPR training in April 2014 and training in MUST guidelines in August 2014.

**Judgement:**

Compliant

## Closing the Visit

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

### Acknowledgements

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

### *Report Compiled by:*

Lorraine Egan  
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 report<sup>1</sup>

<b>Centre name:</b>	St. Mary's Residential Care Centre
<b>Centre ID:</b>	ORG-0000726
<b>Date of inspection:</b>	26/03/2014
<b>Date of response:</b>	27/06/2013

### 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 02: Contract for the Provision of Services

#### Theme:

Leadership, Governance and Management

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

The contracts for the provision of services did not sufficiently outline a fee charged for an additional service.

#### Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

Following a review of our contract of care the only fee not outlined were our telephone call charges. As from the 1st July 2014 we have decided not to charge any resident for any phone calls made. This now makes our contract of care fully compliant with

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

legislation.

**Proposed Timescale:** 01/07/2014

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

**Theme:**

Leadership, Governance and Management

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

The Directory of Residents did not include residents' gender.

**Action Required:**

Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended.

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

Our directory of residents has now been amended to include gender and this action is now complete.

**Proposed Timescale:** 01/04/2014

#### **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:**

Some internal fire doors did not close fully which posed a risk in the event of a fire.

**Action Required:**

Under Regulation 32 (1) (a) you are required to: Take adequate precautions against the risk of fire, including the provision of suitable fire equipment.

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

All our fire doors are now in full compliance with the regulations.

**Proposed Timescale:** 03/04/2014

#### **Outcome 08: Medication Management**

**Theme:**

Safe Care and Support

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

Partially consumed medication was reported as being disposed of in the general waste which was not in line with the centre's policy on the disposal of medication.

**Action Required:**

Under Regulation 33 (2) you are required to: Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

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

All staff are now aware of the correct procedure for the disposal of medication in the rare event that medication is regurgitated through emesis

**Proposed Timescale:** 01/04/2014

**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:**

CCTV was in use in corridors, and communal dining and sitting areas. There was insufficient signage to indicate that CCTV was in use and no policy on the use of CCTV in the centre.

**Action Required:**

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

We now have a policy on the use of CCTV in our centre. Camera's to dining and sitting room now disabled. We now have sufficient signage.

**Proposed Timescale:** 09/04/2014

**Outcome 17: Residents clothing and personal property and possessions**

**Theme:**

Person-centred care and support

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

Resident property lists were not sufficiently detailed or signed by the residents.

**Action Required:**

Under Regulation 7 (2) you are required to: Maintain an up to date record of each

residents personal property that is signed by the resident.

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

All residents will have their property lists updated and signed by themselves or their representative where appropriate.

**Proposed Timescale:** 30/08/2014