

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Pilgrim's Rest
<b>Centre ID:</b>	OSV-0000376
<b>Centre address:</b>	Barley Hill, Westport, Mayo.
<b>Telephone number:</b>	098 27 086
<b>Email address:</b>	info@pilgrimsrest.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Pilgrims Rest Nursing Home Limited
<b>Provider Nominee:</b>	Noel Marley
<b>Lead inspector:</b>	Nan Savage
<b>Support inspector(s):</b>	Patricia Tully
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	33
<b>Number of vacancies on the date of inspection:</b>	2

## 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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was unannounced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 14 October 2014 10:45 To: 14 October 2014 18:30

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

Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
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**

This report sets out the findings of an unannounced follow up to the registration inspection, which took place following an application to the Health Information and Quality Authority's (the Authority) Regulation Directorate.

As part of the inspection, the inspectors met with residents, the provider who also fulfils the role of person in charge, persons participating in management and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies, procedures and staff files.

There were 33 residents living in the centre. Thirteen residents were of maximum dependency, 8 high dependency and 12 medium dependency.

The purpose of the inspection was to follow-up on non-compliances that were identified on the registration inspection, of which some had placed residents at potential risk of harm. In total the inspectors reviewed 25 required actions from the previous registration inspection of the 30 and 31 July and 4 September 2014.

The inspectors were satisfied that required actions relating to areas including medication management, complaints management, aspects of risk management and written agreements for a volunteer had been completed. The majority of the remaining actions were within the agreed timeframe for completion and were either partly addressed or in the process of being completed. However, inspectors were not satisfied that adequate progress had been made in areas; including infection control and addressing an ongoing issue in relation to staffing. Some required actions that related to areas such as activity provision, the emergency plan and review of residents' care plans, had not been fully completed within the agreed timeframes.

Specific risks identified on the last inspection had been addressed including the installation of call bells in communal rooms and bathrooms. However, the inspectors were concerned that the provider had not put in place effective systems for overseeing risk management in the centre. As a result, additional risks were identified on this inspection in relation to risk management and infection control.

In response to a required action from the previous inspection the provider had rostered extra care assistant hours and had a process in place to recruit nursing staff. However, inspectors remained concerned that nursing staff levels were not adequate at times to consistently meet the needs of all residents.

In response to the previous action plan, improvements had been made in the management of the use of restraint and completion of care planning documentation that related to end-of-life and pain management. Some further improvement was required to aspects of restraint management and care planning documentation. A required action relating to activity provision was not adequately addressed. On this inspection the activities coordinator was on leave but alternative arrangements had not been put in place.

Inspectors also identified additional required actions on this inspection that related to training and supervision, aspects of risk management and the physical environment.

The findings are discussed further in the report and all improvements required are included in the Action Plan at the end of the report.

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

***Outcome 02: Governance and Management***

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

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The specific issue identified on the registration inspection had been completed.

On the last inspection, a residents' feedback survey that had been conducted in April 2014, had not been completed. Therefore some suggestions for improvement that had been raised had not been reviewed. Inspectors found on this inspection that this required action had been completed. Suggestions that had been made were taken into consideration and acted upon by the provider.

However, governance and management systems in place were not fully effective in ensuring that all aspects of the service provided were safe, consistent and adequately monitored. This resulted in some poor practices in the areas of infection control and risk management that placed some residents at potential harm.

**Judgment:**

Non Compliant - Minor

***Outcome 03: Information for residents***

*A guide in respect of the centre is available to residents. 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:**

Governance, Leadership and Management

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

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

**Findings:**

A required action relating to the Residents' Guide had been completed. The issue identified on the previous inspection that related to residents' contracts had not been completed.

An inspector viewed a random sample of residents' contracts of care. The fees at an additional cost to residents had not been detailed on some residents' contracts, where applicable. This required action was within the timeframe specified by the provider to complete this action.

The provider had updated the Residents' Guide on 1 September 2014. The updated Guide now included an adequate summary of the current services and facilities available to residents.

**Judgment:**

Non Compliant - Minor

***Outcome 05: Documentation to be kept at a designated centre***

*The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.*

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The inspectors followed up on required actions that related to staff files and policies and found that while improvements were noted, these actions had not been fully completed.

Documentary evidence had not been obtained to explain gaps in employment history for staff members' files.

The inspectors viewed a sample of Schedule 5 policies and noted that the policies had been formally adopted into practice. The complaints policy and medication management policies now complied with the Regulations. Guidelines for nursing staff on the prescribing, administering and disposal of as required (PRN) medication were included in the medication management policy during this inspection.

The inspectors found that the policies on the use of restraint and behaviours that challenged had not been fully implemented into practice. An inspector also noted that the policy on prevention, detection and response to abuse did not provide sufficient guidance to staff on the response to abuse. This is discussed further under Outcomes 7 and 11.

**Judgment:**  
Non Compliant - Minor

***Outcome 07: Safeguarding and Safety***

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**  
Safe care and support

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

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

**Findings:**

Required actions from the previous inspection relating to the management of the use of restraint, an aspect of the financial arrangements that were in place for some residents and the policy on prevention, detection and response to abuse were identified on the last inspection.

Improvements had been noted regarding the management of the use of restraint since the last inspection that resulted in positive outcomes for residents. However, an inspector found that some improvement was still required to ensure that the national and centre policies on the use of restraint had adequately informed practice. Since the last inspection, the provider had implemented a new assessment on the use of restraint that now assessed relevant factors including the risk of entrapment. However, an inspector noted that this assessment had not been completed correctly for one resident and contained contradictory information. Additional details were not consistently recorded to demonstrate that alternatives had been trialled prior to using the restraint measure. Since the last inspection, the provider had discussed the use of bedrails with residents and reported that bedrails were no longer automatically put in place for new residents without a full assessment of their need. As a result, inspectors noted that residents admitted since the last inspection had no bedrails in place. Controls had been implemented for the use of bedrails, however, restrictive practices had not been reported to the Authority, as required. A required action relating to this notifiable event is included under Outcome 9.

An inspector reviewed the financial arrangements in place for some residents that did not have easy and immediate access to their financial details on the last inspection.

These residents' finances were managed by an external agency. Since the previous inspection, the provider had written to this agency and received a written response with details regarding residents' funds. The provider had discussed the correspondence with the relevant residents. However, residents continued not to have easy and immediate access to these funds as they were managed externally. A required action relating to this matter is included under Outcome 17.

An inspector noted that residents continued to be provided with support that promoted a positive approach to behaviours that challenge. As noted on the last inspection arrangements were in place to manage potential behaviours that challenge, although, some improvement was required to the associated care planning documentation. Some identified triggers for these behaviours had not been documented in care plans. This had not been addressed and a required action relating to this is included under Outcome 11. There was a policy, which gave instructions to staff on how to manage behaviours that challenge but this had not been fully implemented.

The policy for the prevention, detection and response to abuse required review. For example the policy did not include sufficient guidance on how to respond to an allegation of abuse against a member of management.

**Judgment:**  
Non Compliant - Minor

### ***Outcome 08: Health and Safety and Risk Management***

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

**Theme:**  
Safe care and support

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

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

#### **Findings:**

One action from the previous inspection had been fully completed that related to the implementation of precautions for self harm. The remaining actions from the previous inspection that related to risk procedures, hazard analysis and risk assessment had been partially completed. Actions that related to infection control and formal arrangements for the identification, recording, investigation and learning from serious incidents was still within the agreed timeframes for completion. However, inspectors were concerned that sufficient progress had not been made to address some risks associated with infection control and some additional poor practices were noted on this inspection.

Some additional risks were also identified on this inspection which indicated that the provider had not adequately reviewed risk management procedures in the centre. Inspectors were not satisfied that adequate systems were in place to oversee the management of risk in the centre. For example, inspectors found that a section of a



handrail located along a bedroom corridor had become defective and posed a significant risk to residents using this rail for support. The provider was requested to take immediate action and repair the handrail during the inspection. The provider put a temporary measure in place during the inspection that removed the risk posed to residents. Inspectors also noted that used gloves were disposed into open bins in a residents' bathroom.

Required improvements had been made in some areas of risk management, however, all issues and required actions from the previous inspection had not been adequately addressed. The inspectors noted that required risk assessments had been completed by the provider since the previous inspection that related to specific risks and areas that had been identified by an inspector including the use of toilets on raised platforms and the enclosed courtyard. However, risks remained regarding the use of raised toilets that placed residents at potential harm.

While measures had been taken to control some risks that had been identified by an inspector in the bathrooms and bedrooms, on this inspection some risks had not been fully addressed including inappropriate storage of assistive equipment in the bathrooms. An inspector also noted on the previous inspection that there was inadequate natural lighting in one bedroom. The provider stated that he had increased the artificial lighting in this bedroom and a resident that lived in the room raised no issue regarding the lighting. The provider was required to keep this matter under review as the natural lighting was insufficient.

In response to the previous action plan, the provider had updated the smoking policy. An inspector found that the policy better reflected control measures that had now been implemented including the installation of a call bell in the smoking room and fire extinguishers beside this room. However, this amended policy had not been fully implemented. For example, in response to the previous inspection findings, the provider informed inspectors that the reception door adjacent to the smoking room was now kept closed to control the spread of cigarette smoke. However, inspectors noted that this door was left open at times and as a result a strong smell of cigarette smoke was noted in some communal areas. On this inspection all staff did not demonstrate sufficient knowledge of how to respond in the event of a resident's clothes catching fire.

Inspectors found that the prevention and control of infection was not effectively and efficiently governed and managed. While some specific measures had been taken by the provider since the last inspection, inspectors remained concerned that aspects of infection control required substantial improvement. Adequate procedures were not in place to guide staff practice as additional issues and a recurring issue were identified on this inspection. On the previous registration inspection, an inspector found that the process for changing the mop water used to wash residents' bedrooms and en suites was not adequate. While this issue was addressed by day three of that inspection, inspectors found that this unsuitable practice was being carried out on this follow up inspection. The standard of cleanliness required improvement.

Since the last inspection a hand-wash basin had been installed in the communal residents' toilets although hand-washing and drying facilities had not yet been installed. The hand-wash basin that was not readily accessible in the laundry room had been

relocated but there was no suitable means of hand-washing and drying beside this basin. Cleaning equipment was no longer stored in the sluice room, however, the inspectors saw on this inspection that some cleaning product was easily accessible in a residents' communal bathroom. The provider confirmed that plans remained in place to provide a designated area for cleaning equipment.

Formal precautions were now in place for specific risks identified in the Regulations such as self harm. The provider had started to put in place formal arrangements for the identification, recording, investigation and learning from serious incidents.

Since the last inspection staff had attended fire drills specific to the centre during September 2014. Records pertaining to fire drills had been maintained although sufficient information had not been recorded regarding the effectiveness of the drills.

As noted on the previous inspection there was an emergency plan in place, which identified what to do in the event of emergencies. However, the plan did not contain contingency arrangements in the event of a full evacuation of residents such as transport arrangements and alternative accommodation that would be used.

The in-house staff trainer in moving and handling of people had up to date certification in this area.

**Judgment:**  
Non Compliant - Major

***Outcome 10: 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(s):**  
No actions were required from the previous inspection.

**Findings:**  
As noted under Outcome 8, inspectors identified on this inspection that the provider in his role as person in charge had not submitted a required notification that related to restrictive practices.

**Judgment:**  
Non Compliant - Minor

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

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

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

**Theme:**

Effective care and support

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

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

**Findings:**

On the previous registration inspection some improvements were required to aspects of some residents' care planning documentation that related to pain management, end of life care and management of potential behaviours that challenge to accurately reflect the current needs of these residents.

An inspector reviewed a sample of residents' files and found that residents' end-of-life care wishes and needs were recorded. Since the previous inspection nursing staff now used a recognised pain assessment scale to assess pain when required. This assessment was linked to the residents' associated care plan on the management of pain. While systems remained in place to support residents with potential behaviours that concern, an area for improvement that had been identified on the registration inspection, had not been adequately addressed. An inspector noted that some triggers described by staff had not been recorded in the resident's associated plan of care to ensure continuity of care.

Form the sample of records viewed, there was evidence that residents were now involved in the development of their care plan. However, there was limited evidence that residents were actively involved in the ongoing review, where possible. A required action relating to this area had been identified on previous inspections.

**Judgment:**

Non Compliant - Minor

***Outcome 12: Safe and Suitable Premises***

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

**Theme:**

Effective care and support

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

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

**Findings:**

On the previous registration inspection some areas of the physical environment required improvement to promote residents' independence and safety. Some specific issues had been completed while others were in the process of being completed.

Emergency call bells had been installed in all rooms used by residents including the smoking room, day rooms and bathrooms.

The following deficits had not been addressed. The provider was within the agreed timeframes to complete these actions although inspectors were not satisfied with the progress made in addressing some issues that had been identified on the last inspection.

The inspectors found that while there were means of ventilation in the smoking room, the ventilation did not sufficiently allow for adequate circulation of fresh air into the room and as a result there continued to be a build up of smoke in this room. As noted under Outcome 8, smoke from this room spread to other areas of the centre that were occupied by residents and inspectors were not satisfied that this action had been sufficiently progressed since the last inspection. The provider confirmed that a plan remained in place to upgrade the mechanical ventilation system in this room.

Some areas and furnishings required renewal and this had been identified on previous inspections and by the provider prior to the registration inspection. The provider confirmed that a plan remained in place to renew these areas. However, inspectors were not satisfied that sufficient action had been taken since the last inspection as only one chair had been re-upholstered. Inspectors noted on this inspection that the seated part of some chairs had sunken and therefore did not provide adequate support to some residents using these seats. The inspectors also noted that there was damage to the sides of the door frame leading to the day room. The width of this door was not adequate for some of the specialised chairs that were in use.

There was inadequate storage space in the centre for some equipment and other items when not in use such as the laundry trolleys. As a result, at times during the inspection these items were inappropriately stored in residents' bathroom/shower facilities and posed a risk to some residents using these facilities.

There was no appropriate designated area for the storage of cleaning equipment. The cleaning trolley was no longer stored in the sluice room and residents' bath/shower room. However, the trolley was relocated to a store room that was also used to store residents' assistive equipment.

The bath did not provided adequate support for residents should they choose to have a bath. Grab rails were not available at the bath to support residents.

**Judgment:**

Non Compliant - Moderate

**Outcome 13: Complaints procedures**  
*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
An inspector identified on the previous inspection that some improvement was required to the complaints policy and procedure in order to comply with all the regulatory requirements.

The complaints procedure had been amended and now clearly described the steps to follow when making a complaint and how the complainant can appeal the outcome of a complaints investigation if not satisfied.

The provider had also reviewed the complaints policy to include a second nominated person to ensure that all complaints are appropriately responded to and that all records are maintained in accordance with the Regulations. An inspector also noted on the last inspection that this policy had incorrectly included the Authority as part of the centre complaints process. The provider addressed this issue during the inspection and updated the policy to reflect this change.

**Judgment:**  
Compliant

**Outcome 16: Residents' Rights, Dignity and Consultation**  
*Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.*

**Theme:**  
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**  
Required actions identified on the previous inspection related to an aspect of activity

provision and the inadequate screening in shared bedrooms.

Inspectors noted on this inspection that the activities coordinator was on leave and no alternative arrangements had been put in place in her absence. Hence during this inspection, there were limited opportunities for residents to participate in meaningful activities suitable to their capabilities. The issue identified on the previous inspection that related to the provision of appropriate activities for all residents had not been adequately addressed.

Adequate screening had not been provided in shared bedrooms to support the privacy and dignity of both residents sharing the bedroom. This action was due for completion by the end of October 2014.

**Judgment:**

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(s):**

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

**Findings:**

Required action that was identified on the last inspection related to residents' personal property and possessions. Inspectors found on this inspection that a required action relating to the maintenance of up to date residents' property lists, had been completed. The other area that required improvement related to the management of some residents' finances and had been partially completed.

Since the previous inspection, the provider had updated residents' property lists with current items that were kept in the centre.

As referenced under Outcome 7, some residents did not have ready access to their personal finances that were managed by an external agency. Since the previous inspection the provider had written to the external agency seeking an update on their finances and these residents had now received information on their balance of funds. However, adequate systems were not in place to ensure residents had ready access to their personal monies.

**Judgment:**

Non Compliant - Minor

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**Outcome 18: Suitable Staffing**  
*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**  
Workforce

**Outstanding requirement(s) from previous inspection(s):**  
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**  
A required action from the previous inspection that related to nursing staff levels had not been adequately addressed. A separate action that referred to voluntary arrangements had been completed.

As noted on the previous inspection on some days, evening and weekend shifts there was one nurse on duty instead of two nurses that were rostered most days during the week. This nurse was responsible for attending to residents that required nursing intervention, administer medications to a significant number of residents, supervise care delivery and staff. The provider was requested to review the nursing skill mix to ensure continuity of care was supported. While the provider had implemented some changes to staffing arrangements by allocating extra hours to care provision, this action had not been adequately addressed.

Due to some of the poor practices that continued to be noted under Outcome 8, inspectors were not satisfied that all relevant staff had received adequate training and supervision regarding infection control and risk management. Inspectors were also concerned on this inspection that training certificates had been completed for some staff even though they had not covered all of the areas identified on the training certificate.

The roles and responsibilities of the volunteers were now set out in a written agreement, as required by the Regulations.

**Judgment:**  
Non Compliant - Major

**Closing the Visit**

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

### **Acknowledgements**

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

#### ***Report Compiled by:***

Nan Savage  
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>	Pilgrim's Rest
<b>Centre ID:</b>	OSV-0000376
<b>Date of inspection:</b>	14/10/2014
<b>Date of response:</b>	17/12/2014

### Requirements

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

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

### Outcome 02: Governance and Management

#### Theme:

Governance, Leadership and Management

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

Governance and management systems in place were not fully effective in ensuring that all aspects of the service provided were safe, consistent and adequately monitored.

#### Action Required:

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

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

monitored.

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

**Infection Control;**

We have engaged the services of an external training specialist, to audit infection control policies and practises as well as to provide training to all staff.

- Infection control training was done in 3 sessions and completed on 12 /11/ 2014.
- An infection control audit of clinical and kitchen areas and practises was conducted in 2 phases, completed 12/11/2014. Reports from this as well as review of policy is scheduled to be available by 21/11/2014.

**Following from this;**

- Infection control Policy will be revised and informed to staff.
- Areas of practise needing review will be addressed.

**Areas currently being addressed are ;**

- Provision of a separate cleaners room containing trolley storage, mop sink hand washing basin and storage.
- Colour coding of cleaning materials, Cloths, mops.
- Laundry management.
- Safe storage of gloves/ wipes in bathrooms and other areas of the home.
- Establishment of an infection control committee in the home.

**Risk Management;**

We had requested an Occupational Therapist to assess;

Moving and handling of residents using pedestal bath,

Positioning of grab rails to aid movement at toilets, wash basins & showers.

The use of raised toilets and associated risks.

The report is now to hand and is being actioned as follows;

- A bath lifter is ordered and will be used for residents who are assessed as being suitable to use it, with the necessary staff support as per moving and handling assessment.
- The bath is suitable to accommodate a hoist. Using a bath sling for the transfer of residents who are assessed as requiring it, with the necessary staff support, as per moving and handling assessment.
- Tiled block raisers currently used to raise the level of toilets are to be removed, Individual residents will be risk assessed regarding their need of raised toilet and attachable raisers will be used as needed.
- All existing Grab rails are to be repositioned horizontally / vertically, in line with recommendations of OT assessment, additional Grab Rails are being fitted in shower and toilet areas following on from OT assessment.

**Proposed Timescale:19/12/2014**

**Infection control, We aim to have implemented the action plan following audit by 15/12/2014.**

**Risk management; We aim to have implemented the action plan by 28th Nov 14**

**Proposed Timescale: 19/12/2014**

**Outcome 03: Information for residents**

**Theme:**

Governance, Leadership and Management

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

Residents' personal contribution fees were not consistently included in residents' contracts, where applicable.

**Action Required:**

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

Contracts of care ; Contracts have been reviewed for each resident and renewed where information required to show breakdown of fees was not shown.

**Proposed Timescale: 21/11/2014**

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**

Governance, Leadership and Management

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

Some policies had not adequately informed staff practice including the policy on the use of restraint and behaviours that challenge.

**Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

The Policies on Restraint and Behaviours that challenge have been reviewed and amended, where necessary to be in compliance with Regulation 04(1)

All policies required under schedule 5 have been reviewed and informed to staff who have signed them.

**Proposed Timescale: 28/11/2014**

**Theme:**

Governance, Leadership and Management

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

There was no documentary evidence to explain gaps in all staff members' employment history.

**Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

An Audit of staff files has taken place and individual files where needed have been renewed.

**Proposed Timescale:** 28/11/2014

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

The national policy on the use of restraint had not adequately informed staff practice in this area.

The new assessment for the use of restraint had not been completed correctly for all residents and there was insufficient evidence that all alternatives had been tried prior to the use of bedrails.

**Action Required:**

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

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

The restraint policy has been reviewed to take account of aspects of Physical and chemical restraint and their use in the home and the review periods.

Restraint assessment tool has been further reviewed to include documentation of all process involved where restraint –or enabling devices which may be restrictive in practise- are considered for use in the home, including the trials of alternatives.

**Proposed Timescale:** 21/11/2014

**Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

Some hazards had not been adequately controlled in relation to the smoking room, some bedrooms and bathrooms.

**Action Required:**

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

Risk assessment of all areas are being reviewed, resulting in the following actions to date;

- Further work done on air circulation in smoking room- extra fan in place
- Improved control on closure of foyer door to exclude smoke from communal area.
- Hand rail around corridors – Reshaped to remove risk of sharp edges.
- Closed units in bathrooms for storage of PPE's and cleaning agents
- Pedal bins in areas requiring them ;. Infection control
- Hand towel and soap dispensers have been installed beside all new hand basins.
- Cleaners room under construction.
- Laundry management being rearranged to eliminate storage of trolleys in bathroom.
- Refer to action under outcome 2 above.

**Proposed Timescale: 15/12/2014****Theme:**

Safe care and support

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

Hazards associated with the open storage of disposable plastic gloves and aprons had not been risk assessed.

**Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Hazards associated with the open storage of disposable plastic gloves and aprons had now been risk assessed and addressed by the provision of closed storage in Bathrooms.

Please refer to action under outcome 2 above also page 21 above.

**Proposed Timescale:** 28/11/2014

**Theme:**

Safe care and support

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

The risk management policy did not include adequate arrangements for the identification, recording, investigation and learning from serious incidents.

**Action Required:**

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

The risk management policy has been reviewed and amended to show the process for gathering ,analysing and making changes from our ongoing recording of accidents and incidents in the home.

**Proposed Timescale:** 28/11/2014

**Theme:**

Safe care and support

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

The emergency plan did not detail the contingency arrangements in the event of a full evacuation of residents such as transport arrangements and alternative accommodation that would be used.

**Action Required:**

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

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

The emergency plan has been reviewed and amended to document the agreed process in the event of full evacuation, including; Transportation by ambulance or wheelchair taxi, and accommodation of residents in local facilities as agreed.

**Proposed Timescale:** 28/11/2014

**Theme:**

Safe care and support

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

Aspects of infection control within the centre were not consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

**Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

The Policies and procedures around Infection control in the home are reviewed by an external specialist and actions arising from the report, which will be forwarded when available in print, are in the process of being implemented, ref; page 18.

Please see under action in outcome 2 (page 18) above.

**Proposed Timescale:** 20/12/2014

**Theme:**

Safe care and support

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

On this inspection all staff did not demonstrate sufficient knowledge of how to respond in the event of a resident's clothes catching fire.

**Action Required:**

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

The new members of staff receive orientation fire training initially followed by full fire training with externally marked exam. and random sample question of staff. All staff working at the centre have up to date fire training.

**Proposed Timescale:** 28/11/2014

**Outcome 10: Notification of Incidents**

**Theme:**

Safe care and support

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

The person in charge had not submitted a required notification that related to restrictive practices.

**Action Required:**

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

The Quarterly report for July –sept 2014 has been made in summary only as we had not collected the required data in an exportable form in our computerised system. This has now been resolved.

**Proposed Timescale:** 28/11/2014

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

**Theme:**

Effective care and support

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

There was limited evidence that residents were actively involved in the review of their care plans, where possible.

**Action Required:**

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

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

To demonstrate that residents and or their family where appropriate are involved in the regular evaluation of their assessments and care planning we have begun a formal 4 monthly review process in October 2014, following which the resident Relative and PIC sign a document confirming the review has taken place. Comments relating to the review are documented in the CMS.

**Proposed Timescale:** 15/12/2014

**Theme:**

Effective care and support

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



An aspect of residents' care planning documentation did not reflect some residents' current needs.

**Action Required:**

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Care plans have been reviewed to address deficit in identifying triggers to behaviours that challenge.

**Proposed Timescale:** 16/10/2014

**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:**

Some areas of the physical environment did not comply with the requirements of the Regulations. Deficits were identified in the physical environment, some of which had also been identified on previous inspections including:

The bath did not provide adequate support to residents should they choose to have a bath.

Grabrails were not available at the bath to support residents.

There was inadequate storage space in the centre for items when not in use such as the linen trolleys.

Adequate ventilation had not been made available in the smoking room.

There was inadequate natural lighting in one bedroom.

Cleaning equipment was not stored in a suitable designated area.

Some furnishing used by residents required repair and/or replacement.

Some parts of the centre were damaged including the door frame to the day room and a section of a handrail located on a bedroom corridor.

**Action Required:**

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

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

- A bath lifter is ordered and will be used for residents who are assessed as being suitable to use it, with the necessary staff support as per moving and handling assessment.
- The bath is suitable to accommodate a hoist. Using a bath sling for the transfer of residents who are assessed as requiring it, with the necessary staff support, as per

moving and handling assessment.

- The management of linen including appropriate storage of trolleys has been addressed
  - Further work done on air circulation in smoking room- extra fan in place
  - Extra artificial lighting supplied in bedroom.
  - furnishing , chairs have been reupholstered where needed, this work is well progressed but not finished. 15/12/2014
  - Cleaners room developed for storage of cleaning equipment
  - the door frame to the 2 day rooms and the dining room have been resized to accommodate greater width of assistive seating complete 10/11/2014
- Hand rail being reshaped to take away sharp edges. 28/11/2014  
Please see action plan under outcome 2 above

**Proposed Timescale:** 15/12/2014

### **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:**

Residents including those that spent most of their time in their bedrooms did not have sufficient opportunity to engage in meaningful stimulation tailored to their capabilities. Alternative arrangements had not been put in place for the activity coordinator was on leave during this inspection.

**Action Required:**

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

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

The Activities coordinator is now facilitating and documenting activities for residents ingroup and individual sessions additional hours have been added to the role to provide daily activities including relief cover.

**Proposed Timescale:** 28/11/2014

**Theme:**

Person-centred care and support

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

Adequate screening had not been provided in shared bedrooms to support the privacy and dignity of each resident.

**Action Required:**

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

The rail and screens are now fitted.

**Proposed Timescale:** 19/11/2014

**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:**

Adequate systems were not in place to ensure residents had ready access and control over their personal monies.

**Action Required:**

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

We have 3 residents whose finances are managed by the HSE. I have spoken to the residents in question and they express satisfaction at this arrangement which is transparent. I will follow up on this with a written expression of the residents' wishes in the matter. And place same in their files. We will keep under review with respect of residents having the right to control over their affairs if they wish.

**Proposed Timescale:** 28/11/2014

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

A sufficient number of nursing staff had not been consistently rostered at all times to support continuity of care and ensure residents were safe and that their needs were continually met.

**Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

- We have advertised locally and online for a Registered Nurse and have interviewed one nurse for the post, which is not yet filled.
- Meanwhile we have changed the Nurses roster to allow a greater spread of cover over the 7 days.
- Care assistants with over 2 years of experience and training to fetec level 5 or equivalent are always on duty to support the role of the nurse.
- Additional care assistant hours at critical times has been added to allow the Nurse on duty attend to Nursing duties.

**Proposed Timescale:** 15/12/2014

**Theme:**  
Workforce

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

All relevant staff had not received adequate training regarding infection control and risk management.

**Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

All staff have received training in infection control and risk management.

Please see action under outcome 2 above.

**Proposed Timescale:** 28/11/2014

**Theme:**  
Workforce

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

Adequate supervision were not in place to ensure appropriate practices were used in relation to infection control and aspects of risk management.

**Action Required:**

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

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

We have conducted an extensive review of policies and practises with the help of an external agency.

We have begun acting on verbal report arising from audits detailed in outcome 2;

page 18 above.

Further actions including policy review and amendment will follow when the report of findings is in print and discussed with us.

**Proposed Timescale: 19/12/2014**